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County Borough of Barrow-in-Furness

Annual Report

of the

Medical Officer of Health
and the

Principal School Medical Officer

I. D. M. NELSON,
M.B., B.Ch., B.A.O., D.P.H.

1957.

CONTENTS

Section		Page
1.	PREFACE.	2
2.	MEMBERS OF HEALTH COMMITTEE.	5
3.	VITAL STATISTICS.	8
4.	GENERAL PUBLIC HEALTH.	11
5.	PROVISION OF HEALTH SERVICES FOR THE AREA.	12
6.	PORT HEALTH.	25
7.	ENVIRONMENTAL HEALTH.	
8.	OTHER SERVICES.	44

COUNTY BOROUGH OF BARROW-IN-FURNESS
HEALTH DEPARTMENT.

ANNUAL REPORT OF THE
MEDICAL OFFICER OF HEALTH.
1957.

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH
COMMITTEE.

Ladies and Gentlemen,

This year, for the first time, the annual reports on the public health and school health are amalgamated. The change of Medical Officer of Health also means that there are many alterations in the information in the report and its arrangement. Comment is made throughout where considered necessary.

The most important happening of the year was the contamination of the countryside by the emission of radio-active vapour from one of the nuclear reactors at the plutonium factory at Windscale in Cumberland during the second week of October. The factory is about 25 miles directly from Barrow in a north westerly direction and it happened that the winds were mainly blowing from this direction during the "fall-out."

It was quickly established that the major problem arose from the milk of cattle grazing on grass contaminated by radio-active iodine and that such milk would be dangerous to small children. Barrow was not originally in the area where the Milk Marketing Board stopped local milk producers supplying milk but by the beginning of the third week of October the control area was extended to include the town and surrounding areas.

Since this was the first event of the kind to be reported in the country and Barrow-in-Furness was the largest concentration of population to be affected, there was considerable public anxiety, which was added to by a great deal of national publicity and lack of knowledge about the consequences.

There were three public health aspects. Milk had to be "imported" from outside the controlled area and until re-organisation took place there was some delay in milk supplies. Mothers of young babies using cow's milk were allowed national dried milk if they needed it. Supervision of disposal of contaminated milk in sewers brought a new immediate duty for Public Health Inspectors.

The destruction of thyroid glands of animals from the contaminated area was decided as wise by the Ministry of Agriculture and the Superintendent of the Abattoir dealt with this.

Seaweed from Walney Island is collected and sent to Wales to be used in making laverbread and there was a possibility that this could be contaminated but the Ministry of Agriculture, Fisheries and Food gave assurances about its safety.

The control area of milk was reduced in size on 31st October. There was a further partial de-restriction on 4th November and finally all restrictions were removed on 23rd November. Thus local anxiety gradually eased but the accident has focussed interest and questing for information by all charged with the task of advising about hazards to public health, and presented the Medical Officer of Health with the new field of possible dangers from all kinds of radio-activity.

INFECTIOUS DISEASES.

There was a pandemic of influenza in the early autumn which appeared in the northern parts of the country and spread south. The Ministry of Health decided, in the national interest, to produce a vaccine and suggested groups to be inoculated.

HEALTH EDUCATION.

A stimulus was given to health education by the announcement from the Minister of Health of the association between lung cancer and cigarette smoking.

The Authority agreed that the public should be informed of the facts; this was done by suitable poster displays in public places and on buses. It was also agreed that senior school children should be told of the association between cancer and cigarette smoking and I accordingly gave six talks in secondary schools by the end of the year. The children seem to be interested and it is hoped that they will apply in later years what they seem to believe for it appeared their elders were not so convinced if the national scale on which cigarettes are still sold is a criterion.

In this introduction it is usual to mention any significant change in statistical facts about the area.

The population of this County Borough shows a gradual slight fall as can be seen in Section 3 of this report.

The infant mortality rate again shows a fall and compares favourably with the rates for other Lancashire towns but the figures for tuberculosis do not improve and I hope the tendency of the public to consider tuberculosis as conquered will not be voiced in this area for some time yet.

Staffing problems are constantly with us. Miss E. Cunliffe, retired at the end of the year after 32 years service and we have been unable to replace her. Mrs. F. Garstang also retired in December after 20 years service as a Municipal Midwife following an equally successful period as a private midwife. Both these ladies have given fine service to the Corporation and their example is hard to follow.

The Public Health Inspector's Section, which had suffered from an acute shortage of District Inspectors since 1955, commenced the year with four vacancies for these posts. The position was somewhat eased by the appointment of Mr. N. Morris, in April, and Mr. T. B. Nuttall in June, Mr. Nuttall, previously a trainee Public Health Inspector, having obtained the appropriate qualification.

The difficulty of finding suitable district workers for both Health Visiting and Public Health Inspecting is a national problem and is made no easier by the continual legislation which causes more work, especially for Public Health Inspectors in the field of environmental hygiene.

Dr. M. Brenda Morris was appointed by the Manchester Regional Hospital Board as the Consultant Paediatrician for the area and took up her appointment in December, 1956. I should like to thank her for the talks and discussions on child health she has found time to give to both Medical Officers and Health Visitors on many occasions during the year.

In conclusion I should like to thank the staff for their loyal co-operation and good work throughout the year, the Chief Officers and other local government officials for help as requested and the constant interest and support of the Chairman and Members of the Health Committee.

I have the honour to be,

Ladies and Gentlemen,

Your obedient Servant,

I. D. M. NELSON,

Medical Officer of Health.

Health Department,
Town Hall,
Barrow-in-Furness.

SECTION 2.

MEMBERS OF HEALTH COMMITTEE.

Mayor	.....	Councillor Mrs. M. T. Freel, J.P.
Deputy Mayor	.....	Councillor D. D. Williams.

HEALTH COMMITTEE.

Chairman	.....	Alderman G. D. Hastwell, O.B.E., J.P.
Vice-Chairman	.....	Councillor G. R. Atkinson.
		Alderman F. J. Longstaffe, J.P.
		Alderman H. Turner.
		Alderman T. A. Tyson.
		Councillor H. Bannister.
		Councillor J. M. Fagan.
		Councillor Mrs. S. M. Finlay.
		Councillor W. M. Gabbatt.
		Councillor G. E. Hartshorn.
		Councillor J. Johnson.
		Councillor I. W. Swallow.
		Councillor E. Trescaheric.
		Councillor C. W. Ward.
		Councillor S. B. Welbon.

STAFF.

MEDICAL AND DENTAL.

Medical Officer of Health, Principal School Medical Officer and Port Medical Officer	.....	I. D. M. Nelson, M.B., B.Ch., B.A.O., D.P.H.
Deputy Medical Officer of Health and Deputy Port Medical Officer		Miss D. G. Stewart, M.B., Ch.B.
Assistant Medical Officers	.....	Miss M. W. Smith, M.D. R. Wharton, M.B., Ch.B.
Principal School Dental Officer	....	D. D. Watts, M.Sc., L.D.S.
Dental Officers	.....	Miss W. G. Sivewright, L.D.S. Miss J. Lynch, L.D.S. (Resigned 12-8-57). Mrs. J. Cader, B.D.S. (Commenced 2-9-57). (Resigned 30-12-57).
Consultant Orthopaedic Surgeon	....	Miss J. T. W. Bucknell, M.B., Ch.B.
Consultant Chest Physician	....	J. R. Edge, M.D., M.R.C.P.
Consultant Ophthalmic Surgeon		H. C. Kodilinye, M.B., Ch.B., D.O., D.O.M.S.
Consultant Venereologist	....	J. F. Mackay, M.B., Ch.B.
Consultant Obstetric Surgeon	....	G. R. Stoneham, M.B., Ch.B., F.R.C.O.G.

Public Analyst	J. F. Clark, M.Sc., F.R.I.C.
Additional Public Analysts	Miss M. Roberts, B.Sc., F.R.I.C. N. Heron, F.R.I.C.
Chief Public Health Inspector and Port Health Officer	J. Shanks, a.b.c.
Assistant Chief Public Health In- spector and Port Health Officer	H. C. Perkins, a.b.
Abattoir and Auction Mart Superin- tendent	A. A. Kay, a.b.c.d.
Public Health Inspector for Meat and Food Inspection	W. McLennan, b.e.
District Public Health Inspectors	J. McGarry, a. A. M. S. McEwan, e.f. N. Morris, a. (Commenced 1-4-57). T. B. Nuttall, a. (Appointed 19-6-57).
Trainee Public Health Inspectors	G. Woodall D. Sayles (Commenced 16-9-57).
Superintendent Nursing Officer	Miss H. M. White, g.h.j.k.l. (Commenced 2-1-57).
Health Visitors/School Nurses	Miss A. W. Cant, g.h.j. Miss D. Latham, g.h.j.k. Miss S. B. White, g.h.i.j.m. Miss G. Buchanan, h.j. Miss S. Scott, g.h.j. Miss A. Quinn, h.j.
Health Visitors	Miss E. Cunliffe, g.h. (Resigned 31-12-57). Miss M. K. Burns, g.h.j. Miss M. Scott, g.h.j.
School Nurses	Miss N. McFarlane, g.h.i.j. Mrs. M. L. Jackson, h. (temporary). Mrs. G. H. Pashley, h. (part-time).
Tuberculosis Health Visitors/School Nurses	Miss B. M. Wignall, h.j. Miss R. Ward, g.h. (Resigned 31-1-57).
Municipal Midwives	Miss A. Bagshaw, g. Miss G. M. Fytche, g. Mrs. F. Garstang, g. (Resigned 31-12-57). Miss T. Potts, g.h. Mrs. M. Railton, g. Miss P. A. Wiper, g.h. Miss T. G. Pollard, g.h.

HOME NURSING SERVICE.

Superintendent	.....	Miss D. A. Stocks, g.h.k.
Assistant Superintendent	.....	Miss E. M. Jackson, g.h.k.
District Nursing Sisters	.....	Miss D. Moscrop, g.h.i.k. Miss J. Lindop, h. Miss M. B. Langley, g.h.k. (Resigned 6-4-57). Miss E. Preston, h. Miss A. T. Goulding, h. Mrs. M. L. Liddell, h. Mrs. C. T. Watlinge, g.h. Miss H. J. Chisholm, g.h.k.
Physiotherapist	.....	Miss M. Johnson, n.
Speech Therapist	.....	Miss M. Hall, o.
Ambulance Officer	.....	J. H. Smethurst
Duly Authorised Officer	.....	H. Hughes.
Assistant Duly Authorised Officer		R. Rimmer.
Chief Clerk	.....	H. Smith (resigned 3-5-57). K. P. Lees (appointed 1-5-57).
Senior Clerk	.....	A. Young, p. (commenced 1-5-57).

CODING.

- a. Cert. R.S.I. and Joint Board.
- b. Cert. R.S.I. (Meat and Food Inspection).
- c. Cert. R.S.I. (Smoke Inspection).
- d. Cert. R.S.I. (Sanitary Science).
- e. Cert. R.S.A. (Scotland).
- f. Cert. R.S.A. (Scotland) (Meat and Food Inspection).
- g. State Certified Midwife.
- h. State Registered Nurse.
- i. State Registered Fever Nurse.
- j. Health Visitor's Certificate.
- k. Queen's Nurse.
- l. Housekeeping Certificate.
- m. Royal Medico-Psychological Association Certificate.
- n. Member of the Chartered Society of Physiotherapy.
- o. Licentiate of the College of Speech Therapists.
- p. Diploma in Municipal Administration.

SECTION 3.

EXTRACTS FROM VITAL STATISTICS, 1957.

Area	11,003 acres		
Population (Mid 1956)	64,870		
Rateable Value	£706,524		
Sum represented by 1d. Rate	£2,700		
No. of Dwellinghouses	20,559		
	Crude	Adjusted	England and Wales
No. of Deaths	912	858	
Death Rate per 1,000 Population	14.05	13.22	11.5
No. of Live Births	1,196	975	
Birth Rate per 1,000 Population	18.43	15.03	16.1
No. of Illegitimate Births	34	27	
Illegitimate Birth Rate per 1,000 Live Births	28.43	27.69	47.6 (1956)
No. of Stillbirths	34	19	
Stillbirth Rate per 1,000 Total Births	27.64	19.11	22.5
No. of Infant Deaths	30	26	
Infant Mortality Rate per 1,000 Live Births	25.08	26.66	23.1
Neonatal Deaths (Deaths of Infants up to four weeks)	21	15	
Neonatal Mortality Rate per 1,000 Live Births	17.56	15.38	16.5
Perinatal Deaths (Deaths of Infants up to one week added to Stillbirths)	57	34	
Perinatal Mortality Rate per 1,000 Total Births	46.34	34.2	36.2
No. of Maternal Deaths	1	Nil	
Maternal Mortality Rate per 1,000 Total Births	0.81	Nil	0.47

Adjusted means referring to Barrow residents only.

POPULATION TRENDS.

1948	66,960	1953	65,370
1949	67,400	1954	65,470
1950	67,950	1955	65,350
1951	67,820	1956	65,290
1952	67,820	1957	64,870

The age-sex structure of the 1957 population is approximately as follows :—

AGE-SEX STRUCTURE.

	%	Nos.
0—4 years	7.6	4,900
5—9 years	8.6	5,600
10—14 years	7.8	5,000
Males 15—44	19.1	12,300
Females 15—44	20.0	12,900
Males 45—64	12.5	8,100
Females 45—50	9.8	6,300
Males 65 and over	5.0	3,200
Females 60 and over	9.6	6,200

DEATH RATES FROM VARIOUS DISEASES.

	Adjusted	
	No.	Rate
Diseases of Circulatory System	363	5.596
Cancer	153	2.359
Pneumonia	56	.863
Bronchitis	23	.355
Influenza	13	.200
Tuberculosis (respiratory)	13	.200
Tuberculosis (other forms)	1	.015

It is of interest to note that the deaths from coronary disease were distributed throughout age and sex groups as follows :—

Age Groups	35—44	45—54	55—64	65—74	75 and over	Totals
Male	2	14	27	37	25	105
Female	—	1	6	17	21	45

The 24 deaths due to lung cancer were distributed as follows :—

Age Groups	35—44	45—54	55—64	65—74	75 and over	Totals
Male	1	5	9	5	2	22
Female	—	1	—	1	—	2

INFECTIOUS DISEASES.

CORRECTED NOTIFICATIONS FOR 1957.

Disease	Male	Female	Total	1956
Scarlet Fever	2	9	11	12
Whooping Cough	51	62	113	34
Acute Poliomyelitis (Paralytic)	5	3	8	—
Acute Poliomyelitis (Non-Paralytic)	—	2	2	—
Measles	33	37	70	313
Dysentery (Sonne)	—	1	1	—
Meningococcal Infection	2	2	4	4
Acute Pneumonia	12	15	27	29
Acute Encephalitis (Post-Infectious)	1	1	2	—
Erysipelas	1	—	1	1
Tuberculosis (Respiratory)	37	27	64	51
Tuberculosis (Non-Respiratory)	1	1	2	4
	145	160	305	448

Material from suspected infectious cases is examined at the Group Pathological Laboratory, Barrow-in-Furness.

INFLUENZA EPIDEMIC.

The effects of the influenza epidemic began to appear in this area in mid-September and quickly subsided during October. 13 deaths from influenza occurred during the period, resulting in a death rate of 0.2 per 1,000 population. Although it is not possible to estimate with any accuracy the number of cases occurring, this not being a notifiable disease, some indication of the extent of the effect was obtained from the sickness absentee rates in the schools and among hospital staffs.

SCHOOLS.

Commencing mid-September, 1957.

Absence rate rose :

	PRIMARY	SECONDARY	TOTAL
From 18th September, 1957 at	16.6%	12.7%	14.9%
Rapid rise by 27th Sept., 1957 to	41.0%	50.9%	46.0%
Rapid drop by 1st Oct., 1957 to	29.2%	25.0%	27.0%

and gradually reduced to normal absentee rate of about :

17.0%	14.0%	15.0%
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by end of October, 1957.

The four hospitals showed the same trend in the staff sickness incidence, the rate of which varied, according to the size of the hospital and number of staff involved ; between 4% and 21% on 21st September ; rose to between 10% and 32% by 5th October, 1957, and dropped to between nil and 15% by the end of October.

10 cases of poliomyelitis were reported during the year, 8 of these being paralytic and 2 non-paralytic. Of the 8 paralytic polio cases 2 normally resided outside Barrow. One case occurred in May, one in June, 6 in July and 2 (both non-paralytic) in August. The cases were evenly distributed throughout the town and no apparent path of infection between any of the local cases was discovered. Poliomyelitis vaccination is dealt with under Immunisation.

One case of sonne dysentery was reported. It seems peculiar that only one case of this common infection has been reported. One suspects that bacteriological investigation of bowel upsets is uncommon and notification of dysentery therefore practically nil.

35 visits of enquiry and inspection regarding cases of infectious diseases were made by the Public Health Inspectors.

SECTION 4

GENERAL PUBLIC HEALTH

PUBLIC CLEANSING UNIT

This Unit was used on 9 separate occasions as follows :—

Ambulance Service (Blankets)	5
Persons, Clothing & Bedding	2
Persons and Clothing	1
Personal Bedding	1

VERMINOUS CONDITIONS

The facilities provided for the School Health Service are extended to children of pre-school age, a proportion of the cost being borne by the Health Committee.

The main conditions dealt with are scabies, head lice and ringworm and these receive treatment at the Central Clinic. Stubborn cases are referred to the Skin Department at North Lonsdale Hospital.

Adults are given advice and materials to cleanse themselves and in difficult cases are admitted to hospital.

WATER

I am grateful to the Water Engineer, Mr. H. C. Postlethwaite, for the following particulars.

The water supply to Barrow-in-Furness and Dalton-in-Furness and some adjoining areas is provided by the Barrow-in-Furness Corporation.

Two sources of supply are used ; one is a group of three reservoirs, Poaka Beck, Harlock and Pennington, 6 miles north-east of the town. 550 million gallons are stored and the water is treated at a rapid gravity filtration plant and afterwards sterilised by chlorine before distribution. Approximately 4 million gallons per day are supplied from this source.

The other source of supply is an Intake on the River Duddon at Ulpha ; after screening and settling in sedimentation tanks, the water is treated with lime and chlorine before entering the trunk main to Barrow. Approximately 2½ million gallons per day are used from this source.

Samples of water are taken for bacteriological examination weekly from each of the works and from different parts of the town. These show the water supply to be of uniformly high quality.

GENERAL ARRANGEMENT OF SEWERAGE IN BARROW

I am indebted to the Borough Surveyor, Mr. J. N. Flitcroft, for the following notes :—

“ Practically the whole of the mainland, with the exception of the Ormsgill and Barrow Island areas, drains to Salthouse, where it discharges to sea at Roosecote Sands via Salthouse Pool. The main sewers are tide-locked and at high tide pumping is necessary ; this is done at the Sandgate Pumping Station and also at Frederick Street Pumping Station in times of storm.

“ The sewerage from Ormsgill area discharges into Walney Channel at Palace Nook and Barrow Island areas into Walney Channel at several points.

“ There is no treatment of any kind for the mainland sewerage.

"On Walney Island the discharges are again to Walney Channel at several points, but the majority of the sewage is treated first in septic tanks and storm tanks at Vickerstown North, Vickerstown South, Tummerhill and Vickerstown Park. There are also a number of minor discharges to the Channel.

"At the present time flooding frequently occurs at Park Drive, Roose Road and Parkhouse Farm, Yarlside, when in times of storm sewage is deposited on roads, in gardens and fields. There is no simple, inexpensive permanent remedy for this flooding, which can only be prevented by the construction of larger sewers at a high cost."

The discharge of raw sewage in public places is most undesirable and dangerous to public health, and I am as anxious as the Surveyor that it be remedied as soon as possible.

PROVISION OF HEALTH SERVICES FOR THE AREA Care of Mothers and Young Children

INFANT MORTALITY

30 children died during the year. Allowing for outward and inward transfers, the figure is corrected to 26 cases, giving a rate of 26.66.

In recent years a new way of viewing infant mortality is to look at the perinatal death rate. The perinatal death rate is the number of infant deaths under one week of life added to the stillbirth rate.

For the first time in Barrow the number of infants dying under one week of life is the same as the number dying under one month, showing that the main hazards to infant life are at birth or very soon afterwards.

MATERNAL MORTALITY

There were no maternal deaths during the year.

LIVE BIRTHS

975 live births were registered, compared with 982 last year.

INFANT DEATHS

Total number of deaths of infants under one year 26

Infant Mortality Rate 26.66

	TABLE OF BIRTH AND		INFANT MORTALITY RATES	
	Registered Births	Birth Rate	Infant Deaths	Rate
1950	1172	17.25	46	39.24
1951	1008	14.86	37	36.70
1952	1023	15.08	41	40.07
1953	1064	16.28	27	25.37
1954	1015	15.50	24	23.64
1955	924	14.14	29	31.38
1956	982	15.04	28	28.51
1957	975	15.03	26	26.66

Comparison with the national figures for 1956 and for other individual Authorities show that Barrow is somewhat above the average for England and Wales, which was 23.1, but lower than most towns in the north west. The average infant mortality rate for Barrow for the last five years being 26.82, against an average of 32.35 for 14 other Lancashire towns over five years.

The 26 deaths occurring during 1957 are summarised as follows:—

Diseases of the nervous system and sense organs	....	1
Diseases of the respiratory system	....	4
Congenital malformation	....	8
Other diseases of early infancy	....	11
Cerebral anoxia	....	1
Neoplasm of unspecified nature	....	1

CLINICS

Infant Welfare Clinics were held at the Central Clinic on four afternoons a week. This was a reduction of one session per week from 1956, as the centre was needed on Thursday afternoons for the Ante-Natal Clinic. On five afternoons the Mobile Clinic was stationed at Bedford Street, Beacon Hill, Walney, Ormsgill and Cambridge Street.

The average daily attendance at both clinics showed a satisfactory increase; at the Central Clinic from 22.96 to 26.39, and at the Mobile Clinic from 21.55 to 27.19. The attendances at the Walney Clinic especially have increased considerably, being between 40—50 on many afternoons, and at this level the accommodation is inadequate.

The attendance at the weekly session, held by a Health Visitor only, in the Mobile Clinic on Barrow Island on Tuesday mornings also showed an increase, from an average of 16 per session in 1956 to 18.28 in 1957.

The special immunisation clinic held on Thursday afternoon has been discontinued as mothers prefer these facilities to be available at all clinics.

ANTE-NATAL CLINIC

This was transferred from Risedale Maternity Hospital to the Central Clinic in January, 1957. The attendances increased from 381 in 1956 to 407 in 1957, although the actual number of women attending was slightly less (82 as against 89 in 1956), which would suggest that patients find the Central Clinic more convenient. In addition, facilities are available for midwives to undertake the ante-natal examination of their booked Doctors' cases at the clinic and during 1957, 78 such examinations were made.

MINISTRY OF HEALTH CIRCULAR No. 1/58

This was a request from the Ministry of Health to know if there were any developments in the Ante-Natal Service following a previous circular about Toxæmia in pregnant women. There were no major changes except those stated above. The Local Authority ante-natal services are thoroughly oversighted by Mr. G. R. Stoneham, the Consultant Obstetrician, who comes to the Local Authority Clinics each week to advise the medical staff there, if necessary, and see the midwives. This personal arrangement by Mr. Stoneham does much to make a tripartite service run smoothly.

PREMATURE INFANTS

During the year 63 premature babies were born alive. 13 were born at home, 12 were retained at home and all survived. The remaining one was transferred to hospital and died before one month. Of the 50 born in hospital, 3 died in the first 24 hours, 4 more died before the month end and the remaining 43 survived.

PREMATURE BIRTHS

	Died in 24 hours.	Died 1 day —1 month.	Survived 1 month.	Total.
Born at home and retained at home	—	—	12	12
Born at home and transferred to Hospital	—	1	—	1
Born in Hospital	3	4	43	50
Total	3	5	55	63

DENTAL TREATMENT

During the year 65 sessions were devoted to the treatment of expectant and nursing mothers and children under 5. 250 attendances were made by expectant and nursing mothers and 460 children under 5.

The Council has no workshop for producing dentures, but the work is carried out by local mechanics.

Facilities for X-ray are available at North Lonsdale Hospital.

The following tables show the work done :—

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	94	94	83	108
Children under 5	287	269	218	230

	Scalings and Gum treatment	Fillings	Silver Nitrate treatment	Extractions	General Anæsthetics	Dentures Provided		X-Rays
						Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	47	64	....	165	13	6	13	1
Children under 5	6	15	205	233	112	....	....	....

OPHTHALMIC TREATMENT

34 children made 79 attendances and 18 prescriptions for spectacles were issued.

Children attended the clinic for the following conditions :—

REFRACTIVE ERRORS AND OTHER DEFECTS

Hypermetropia	1
Hypermetropic astigmatism	4
Hypermetropic astigmatism with left old iritis	1
Myopic astigmatism	1
Mixed astigmatism	2
Hydrocephalus	1

SQUINTS

Right convergent concomitant squint	7
Left convergent concomitant squint	6
Alternating convergent	3

TREATMENTS

Congenital nystagmus, right	1
Congenital nystagmus, bilateral	1
Epicanthus, right	1
Congenital impatency of lachrymal ducts, right	1
Congenital impatency of lachrymal ducts, left	3
Congenital impatency of lachrymal ducts, bilateral	1

CARE OF ILLEGITIMATE CHILDREN

There were 34 illegitimate births and with correction for domicile the final figure is 27, giving a rate of 27.69.

There is no local problem in the care of unmarried mothers ; they seek ante-natal care as well as married women and are generally accepted. 7 were cared for in St. Monica Maternity Home, Kendal, and 5 unmarried women later married.

WELFARE FOODS SCHEME

A Welfare Food shop managed by the Health Department is situated in the town centre.

The shop carries a large and varied stock of proprietary infant foods, which are available to any mother whose infant, as shown by the clinic card, regularly attends the Welfare Clinics and has been to one within four weeks.

Expectant and nursing mothers from the maternity hospital and Local Authority clinics can also use the shop on production of a recognised card from the doctor caring for them.

TABLE OF FOODS SOLD IN THE SHOP

Quarter	National Dried Milk	Orange Juice	Cod Liver Oil	Vitamin Tablets
Ending				
March	5985	13934	1965	811
June	5349	19976	1325	812
September	5478	17753	1372	681
December	5154	11762	1412	692
	<u>21966</u>	<u>63425</u>	<u>6074</u>	<u>2996</u>

From 1st November, 1957, orange juice was restricted to expectant mothers and children under two.

During the year the take-up of orange juice was approximately 25%, and of cod liver oil 13%.

ORTHOPÆDIC CLINIC

95 children made 146 attendances at the 8 clinics held.

50 children visited the Physiotherapist on 615 occasions for fitting of splints, plasters, etc.

PHYSIOTHERAPY CLINIC

112 children attended for treatment on 1253 occasions.

59 children had remedial exercises in 258 attendances.

SUNLIGHT CLINIC

135 attendances were made by 13 children under five.

MIDWIFERY

The Medical Supervisor of Midwives paid 19 visits in the course of her supervisory duties. There were no irregularities.

Medical Aid was summoned in 36 cases ; 12 of these were doctors' cases and 24 were midwives' cases.

The total number of deliveries remained the same as in 1956, i.e., 303, of which 44 were midwives' own cases and 259 were doctors' booked cases ; but in addition to these cases the midwives undertook the follow-up nursing care of patients who had to be discharged early from Risedale Maternity Hospital, and these showed an increase from 31 in 1956 to 53 in 1957. They were also responsible for the completion of reports on home conditions of patients who were applying for admission to Risedale Maternity Hospital on the grounds of unsuitable conditions for home confinement.

With the retirement of one midwife, there are now six, and we appear to have reached a stage where the number of domiciliary confinements seems to have settled to about 300 annually and will not allow any further diminution in the number of domiciliary midwives without putting a strain on the remainder.

The obstetric flying squad was called out once during the year to a case of post-partum hæmorrhage.

HEALTH VISITING

The post of Superintendent Nursing Officer and Non-Medical Supervisor of Midwives, vacant since February, 1953, was filled by Miss H. M. White, who took up duties as from 2nd January, 1957.

From 1st September, 1957, the Health Visitors Service and School Nurses Service were amalgamated. The Corporation agreed to an establishment of 14 nurses, but recruitment has remained difficult and by the close of the year there were only 10 nurses working.

Two nurses attended refresher courses for Health Visitors.

TABLE OF VISITS BY HEALTH VISITORS

To expectant mothers	.....	First visits	379
		Total visits	514
To children under one year of age	.....	First visits	949
		Total visits	8697
To children between one and two years of age....	.....	Total visits	4335
To children between two and five years of age	.....	Total visits	6511

HOME NURSING

The existing establishment of 11 District Nurses has been maintained by the employment of part-time staff. The trend since the war for district nurses to live out continues, and only the Superintendent and 4 nurses resided in the Nurses' Home by the end of the year. An economy was effected in the cost of the service by closing the District Nurses' Home on Walney Island, where lately only one nurse was resident.

During the year a most instructive talk was given to the nurses by Dr. Bendkowski on antibiotic sensitivity, which was much appreciated. This problem of sensitivity to the administration of antibiotics had affected three of the nurses and considerably curtailed their effective employment on the district.

Consideration was given to the possibility of the district nursing service having the syringes used sterilised by the local Hospital Syringe Service. The idea was acceptable but was delayed until the hospital syringe service extended their premises.

38,464 visits were paid to 1,686 patients.

The following table shows the types of patients attended :—

	No. OF PATIENTS	No. OF VISITS
Medical	1294	30921
Surgical	307	6156
Tuberculosis	25	889
Maternal Complications	8	115
Gynæcological	18	159
Others	34	224

An analysis of the nature of attention provided is given below :—

Bed Baths	53	1597
General Nursings	253	9977
Injections	810	19294
Dressings	307	6510
Enemata	191	350
Miscellaneous	72	747

In the absence of a geriatric unit in the area, it is obvious that the service is of considerable value in relieving the pressure on hospitals by providing home care for elderly patients who might otherwise have to be admitted to hospital. Although patients over 65 years of age amount to 43% of the total, visits to these patients amount to 58% of all visits.

VACCINATION AND IMMUNISATION

In this field the most important aspect was the continuance of the poliomyelitis vaccination campaign.

A total of 647 courses (2 doses) of vaccination against poliomyelitis was completed, 230 of these being given to children under 5 years of age and 417 being given to children aged between 5 and 10 years. At the end of the year 45 children had received the first and were awaiting the second injections, and a further waiting list of 1,685 children, who had not received any injections, remained.

During the year 290 persons have been vaccinated against smallpox and 30 have been re-vaccinated under clinic arrangements. A further 160 vaccinations and 16 re-vaccinations have been reported by general practitioners.

Immunisation facilities for diphtheria and whooping cough are now available at all Clinics, including the Mobile Clinic.

15 courses of immunisation against diphtheria and 64 re-inforcing doses were administered at the clinic and 8 re-inforcing doses were reported by general practitioners.

11 whooping cough immunisations were completed at the clinic.

353 combined diphtheria and whooping cough immunisations and 107 re-inforcing doses were completed at the clinic and 156 combined diphtheria and whooping cough immunisations and 23 re-inforcing doses were reported by general practitioners.

43.04% of the population under 5 and 17.43% of those from 5 to 14 years are estimated to have maximum immunity against diphtheria. A further 53.94% of these older children have been immunised but have not had their immunity strengthened by the administration of a re-inforcing injection.

The following table shows the estimated immunity state :—

AGE AT 31.12.57 i.e. BORN IN YEAR	UNDER 1 1957	1—4 1953—56	5—9 1948—52	10—14 1943—47	TOTAL UNDER 15
A. Number of children whose last course (primary or booster) was completed in the period 1953 - 1957	64	2002	1696	99	3861
B. Number of children whose last course (primary or booster) was completed in the period 1943 - 1952	—	—	1519	4037	5556
Estimated Child Population	940	3860	10300		15100
Immunity Index					
1957	6.81	51.86	17.43		25.57
1956	10.67	52.34	17.91		26.01
1955	8.04	48.85	20.69		27.44
1954	9.13	50.89	19.85		27.21
1953	4.00	49.29	21.02		27.58
National Index 1955	36.7	Not Available			49.3

AMBULANCE SERVICE

The Chief Fire Officer is also the Ambulance Officer.

The close supervision of the service and the use of radio has allowed one ambulance to be taken from the fleet. There are now 4 ambulances and one sitting car.

The number of calls and mileage show a decrease on last year, as the comparative table shows :—

YEAR	CALLS	MILEAGE
1954	11206	78352
1955	13552	80689
1956	14193	82059
1957	14115	81675

ANALYSIS OF JOURNEYS

AMBULANCES		SITTING CAR	
Removals (out of town)	91	Removals (out of town)	125
Removals (local)	12148	Mental Health	93
Accidents	583	Health Visitors	3
Midwives	46	Midwives	190
Maternity	475	General	89
Services not required	236		
Infectious	18		
Mental Health	18		
	<u>13615</u>		<u>500</u>

PREVENTION OF ILLNESS, CARE AND AFTER CARE

TUBERCULOSIS

Dr. J. R. Edge, Consultant Chest Physician, reports on tuberculosis in the town as follows :—

“ The revolutionary advances in the treatment of tuberculosis, following the introduction of effective antibiotics in the last ten years, has been followed in Barrow, as elsewhere, by a most gratifying reduction in the time needed for treatment, coupled with a freedom from fear of recurrence that was never previously possible. Nevertheless, there is a substantial increase in the number of fresh cases discovered in Barrow during 1957, no doubt at least in part due to more effective case finding measures. Nevertheless, the proportion of active cases of tuberculosis revealed by the mass miniature radiography surveys in Barrow in 1951 and 1954 indicated a substantially higher incidence of the disease than exists in the country as a whole ; and it is abundantly clear that there is no cause for complacency at the present time.

Whilst an ultimate steady decline in the incidence of tuberculosis can be confidently forecast, this may well be delayed for considerably longer in Barrow than in many other places unless energetic measures are taken to find new cases. These measures, of course, depend on full co-operation from the public, and in this context it is pleasing to note that the number of persons examined by mass radiography in 1954 was over 20% higher than in 1951 ; nevertheless, only 47% of the population was examined in 1954, and it is hoped that there will be an even better response when the unit next visits. It can meanwhile be calculated that there are at least 100 undetected active cases of tuberculosis in Barrow at the present time who will be perpetuating the disease by spreading infection.

“ On examination of 127 fresh contacts of known cases of tuberculosis examined during the year, no less than 8 cases of active tuberculosis were revealed. This is a high proportion, and clearly indicates the need for the fullest use of contact investigation, whether in family or factory circles.

“ B.C.G. vaccination was introduced for pre-school leaving children in November, 1955. The scheme is now working well, and has received the fullest co-operation of both the school authorities and of parents. The benefit of this scheme will be reaped in the years to come, and it is meanwhile intended to increase the groups eligible for B.C.G. vaccination.

“ These include medical and nursing staff and known contacts of cases of tuberculosis, where mantoux negative ; it is hoped to offer B.C.G. also to new born infants, and the scope should be increased to include especially susceptible groups, e.g., adolescents, such as apprentices and middle aged men in all branches of industry.

“ It must be emphasised that B.C.G. vaccination is of the greatest value, but is no substitute for the detection and effective treatment of infectious cases of tuberculosis which, as is well known, may be quite free of symptoms.”

The Health Visitor for tuberculosis has visited 2,127 patients during the year and has attended 173 sessions at clinics for out-patients and B.C.G. vaccinations and at schools. 198 new contacts were interviewed, 125 being X-Rayed. Of these contacts 8 were discovered to be suffering from tuberculosis.

To save school children contacts from having to attend the Chest Clinic they are now being tested in their schools. This arrangement has been acceptable to both teachers and the Chest Clinic and saves the time of the Health Visitor and the children.

Additionally, the Health Visitor has devoted 16 sessions to giving lectures and talks to student nurses, head teachers and North Lonsdale and Roose Hospitals.

TUBERCULOSIS NOTIFICATIONS

Aged	PULMONARY							NON-PULMONARY							Grd. Total
	Un-der 1	1 to 9	10 to 24	25 to 44	45 to 64	Ov-er 65	To-tal	Un-der 1	1 to 9	10 to 24	25 to 44	45 to 64	Ov-er 65	To-tal	
1948	—	1	19	21	12	4	57	—	7	6	5	6	2	26	83
1949	—	1	23	20	16	3	63	—	8	10	3	1	—	22	85
1950	1	10	16	32	18	3	80	1	1	4	6	1	—	13	93
1951	1	2	16	29	20	1	69	—	1	3	3	—	1	8	77
1952	—	3	18	15	11	4	51	1	3	1	—	—	—	5	56
1953	—	3	10	21	10	1	45	—	1	—	1	—	—	2	47
1954	—	9	16	24	16	7	72	—	—	—	—	—	1	1	73
1955	—	3	20	11	8	2	44	—	1	—	—	—	—	1	45
1956	—	2	21	15	8	5	51	—	2	1	1	—	—	4	55
1957	—	12	14	21	11	6	64	—	—	—	1	—	1	2	66

NUMBER AND RATES OF DEATHS FROM TUBERCULOSIS

Year	PULMONARY		NON-PULMONARY		Total
	No. of Deaths	Rate	No. of Deaths	Rate	
1948	30	0.418	—	0.015	0.463
1949	41	0.608	4	0.051	0.667
1950	31	0.456	1	0.015	0.471
1951	23	0.339	4	0.059	0.398
1952	13	0.192	5	0.074	0.265
1953	14	0.214	2	0.031	0.245
1954	8	0.121	1	0.015	0.137
1955	6	0.092	—	—	0.092
1956	12	0.199	1	0.015	0.214
1957	13	0.200	1	0.015	0.216
England and Wales					
1957	4250	0.095	534	0.012	—

From the above tables it will be noted that there is certainly no decrease in the numbers of notifications and deaths and as Dr. Edge says "there is no cause for complacency." It is likely that this position may be due to more stringent criteria for notification than was practised in previous years.

Lastly it is hoped that an assurance can be obtained from the Regional Hospital Board that the mass radiography unit will visit regularly and frequently.

CONVALESCENCE

Under an arrangement with the Board of Governors of Barrow War Memorial Convalescent Home, the Authority assumes financial responsibility for persons referred from general practitioners and the local hospitals for periods of convalescence in the Home, who are unable to pay the normal charges. Cases are normally admitted for two weeks and may be granted additional time if necessary.

The number of cases admitted under these arrangements during the year is as follows :—

Two weeks	....	....	8
Three weeks	....	....	6
Four weeks	....	....	3
Five weeks	....	....	2
Total	....	....	19

LOAN EQUIPMENT

A variety of items of equipment for issue on loan to chronic sick and other patients being treated at home is held at the District Nurses' Home. The stock includes wheelchairs, commodes, air-beds, air rings, bed cradles, back rests, bed pans, urinals, rubber sheeting and crutches. During the year use was made of one or more of these articles as follows :—

Total number of loans during the year	....	....	....	....	....	....	591
Number of cases holding articles on loan at end of year	....	....	....	....	....	....	40

HEALTH EDUCATION

The steps taken to inform the public about the association between cigarette smoking and lung cancer are mentioned in the preface.

The Superintendent Nursing Officer reports great difficulty in getting expectant mothers interested in talks, films or demonstrations about ante-natal care, though she is prepared to arrange these at any time suitable to mothers.

Every effort is made to use posters during seasons when their message applies and the staff take a great deal of care in making sure that poster display is intelligently done.

School teachers are showing more interest in health education and the demand for suitable literature for teachers is increasing.

During the year the Medical Officer of Health gave talks to three Parent Teachers Associations' meetings.

DOMESTIC HELP

The Superintendent Nursing Officer supervises the Domestic Help Service and, as seen from the figures given, the demand continues to increase, especially in help given to the aged and infirm. Not being a free service, those on limited incomes pay only a small charge, or receive the service free, as charges are recovered according to means. This, of course, makes the service costly to operate.

As the service is mainly given to the aged where illnesses are prolonged or chronic, supervision is more necessary than with short term acute cases. With a continual increase of aged people in the population the demand for help in the home will grow, yet it is hoped that by giving the service unnecessary hospitalisation of the aged will be prevented.

No. of Domestic Helps employed at year end : 136.

No. of persons who received help :

Aged and Infirm	....	423
Others	....	13
Tuberculous	....	5
Maternity	....	11

MENTAL HEALTH

An event of great interest in this work was the publication of the Report of the Royal Commission on the Law Relating to Mental Illness and Mental Deficiency. Hope was expressed on every side that some of the recommendations would soon be implemented. The main interest to Local Authorities in these recommendations was their greater responsibility for domiciliary care of the mentally ill and mental defectives.

A theme recurring through the report is the emphasis on treating the mentally-sick as we treat the physically ill. This trend is already very apparent in the country, as the figures for this Authority also show. Voluntary admission to mental hospitals now constitute 90% of the admissions.

The Mental Health Service has continued to function with no major changes of note.

ADMINISTRATION

The Health Committee is responsible for the control of the Mental Health Service. The Medical Officer of Health and the Deputy Medical Officer of Health are appointed as medical practitioners for the purpose of giving medical certificates under Sections 3 and 5 of the Mental Deficiency Act, 1913. The Medical Officer of Health and Deputy Medical Officer of Health, together with Dr. A. P. B. Waind of the North Lonsdale Hospital, are appointed and approved for the purpose of giving medical certificates under Section 1 (3) and 5 (3) of the Mental Treatment Act, 1930.

A Duly Authorised Officer and an Assistant Duly Authorised Officer carry out all the lay duties of the service and provide a continuous 24-hour service for emergency cases.

ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY

LUNACY AND MENTAL TREATMENT

Cases dealt with during the year were as follows:—

	Male	Female	Total
Patients admitted under the provisions of Section 20	20	22	42
Patients admitted on Summary Reception Orders	4	2	6
Patients admitted under Section 4 of Criminal Justices Act, 1948	4	—	4
Patients admitted voluntarily by Mental Health Department	29	37	66
Total	57	61	118

All admissions continue to be made direct to the Lancaster Moor Hospital, both day and night, which constitutes a return journey of approximately five hours.

109 journeys to Lancaster were made during the year.

Of the 42 patients admitted to hospital under Section 20 (three day order) 2 males and 4 females were detained on Summary Reception Orders; 1 male patient was detained as a temporary patient; 15 males and 17 females remained as voluntary patients and 2 males and 1 female were discharged at the appropriate time, no action being taken.

In addition to the above, 50 males and 29 females were admitted direct to the Lancaster Moor Hospital of their own accord, following an appointment with the Consultant Psychiatrist.

Discharges from the hospital during the year were 97 males and 77 females.

During the year 640 visits were made in connection with home condition reports, case histories, progress reports, after care and other incidental matters relating to the mentally sick.

A close liaison is maintained between the mental health department, the Consultant Psychiatrist serving this area and the mental hospital.

Of all the cases admitted during the year it is interesting to note the continued high percentage of voluntary admissions (90%) to the mental hospital. This follows the trend of the recent recommendations by the Royal Commission.

MENTAL DEFICIENCY

The local Health Authority is required by the National Health Service Act to take proceedings under the Mental Deficiency Acts to ascertain what persons in their area are defective, and to provide suitable supervision, or if such supervision affords insufficient protection to arrange for institutional care or guardianship.

In this direction 129 visits were made to cases under Statutory Supervision by the Duly Authorised Officers during the year and 87 visits were made by the Deputy Medical Officer of Health.

A further 232 visits were made by the Duly Authorised Officers in connection with other matters appertaining to cases of mental defect.

Cases admitted to hospital during the year were as follows :—

	Male	Female	Total
Under Section 3 (Placing Order)	1	—	1
Under Section 6 (Order on Petition)	—	1	1
Under Section 8(1) (b) (Court Order)	3	—	3
Informal basis	1	—	1
Total	5	1	6

In addition one female patient was admitted to the Calderstones Hospital for a short stay period under the provisions of the Ministry of Health Circular 5/52.

A high standard of co-ordination is essential with the various mental deficiency hospitals for the running of an efficient service, in the fostering of which the following reports were completed at the request of the respective Medical Superintendents :—

	Male	Female	Total
Home conditions reports	31	22	53
Case notes	6	3	9
Progress reports (licence cases)	—	9	9

The number of new cases ascertained during the year were as follows :—

	Male	Female	Total
Cases reported by Local Education Authority			
Under Section 57(3) of the Education Act, 1944	1	—	1
Under Section 57(5) of the Education Act, 1944	6	9	15
Police Courts	2	—	2
Other sources	1	—	1
Total	10	9	19

Defectives in the community awaiting admission to a mental deficiency hospital and at the end of the year on the waiting list of the Manchester Regional Hospital Board numbered 4 males and 6 females. Vacancies are difficult to obtain and some cases, now becoming urgent, have been on the waiting list for a number of years.

Below is appended a table showing the total number of ascertained defectives on the register of the Local Authority at the end of the year :—

	Under 16 years		Over 16 years	
	Male	Female	Male	Female
Under statutory supervision	11	9	51	45
Under guardianship	—	—	—	—
In places of safety	—	—	—	—
In hospitals	6	1	57	51
Under voluntary supervision	1	—	3	11
Totals	18	10	111	107

The Medical Officer of Health and senior Duly Authorised Officer attended a two-day conference on the 7th and 8th November, 1957, held at the Central Hall, Manchester, entitled "The Challenge of Mental Deficiency."

The Conference made special reference to the relevant recommendations of the Royal Commission on the law relating to Mental Illness and Mental Deficiency and the Manchester Regional Hospital Board's film "There was a Door" was shown.

PORT HEALTH, 1957

Name of Officer	Nature of appointment	Date of appointment	Qualifications	Any other appointments held
Dr. I. D. M. Nelson	Port Medical Officer	1/3/57	M.B., Ch.B., B.A.O., D.P.H.	Medical Officer of Health
Dr. Dorothy G. Stewart	Deputy Port Medical Officer	5/10/48	M.B., Ch.B.	Dep. Med. Officer of Health
John Shanks	Port Health Officer	1/4/42	Cert.R.S.I. & S.I. Joint Board, etc.	Chief Public Health Inspector.
Herbert C. Perkins	Port Health Officer	1/7/52	Cert.R.S.I. & S.I. Joint Board, etc.	Assistant Chief Public Health Inspector

AMOUNT OF SHIPPING ENTERING THE DISTRICT
DURING THE YEAR.

Ships from	Number	Tonnage	Number inspected		Number of Ships reported as having, or having had during the voyage, infectious disease on board
			By the Medical Officer of Health	By the Public Health Inspector	
Foreign Ports....	225	441,723	8	200	Nil.
Coastwise	324	136,239	Nil.	87	Nil.
Total	549	577,962	8	287	Nil.

CHARACTER OF SHIPPING AND TRADE DURING THE YEAR.

PASSENGER TRAFFIC	{	Number of passengers INWARDS—46. Number of passengers OUTWARDS—21.
CARGO TRAFFIC	{	Principal IMPORTS—Iron Ore, Wood Pulp, Pulp Wood, and Scrap Metal. Principal EXPORTS—Coke, Pig Iron and Ingot Moulds.

PRINCIPAL PORTS from which ships arrive—Bona, Melilla, Almeria, Algiers, Hornillo, Narvik, Helsingborg, Oxelosund, Ymuiden, Oskarhamn, Hamburg, Lulea, Gefle, Kirkines, Rouen, Setubal, Ayr, Heysham, Liverpool, Belfast and the Republic of Ireland.

SMALLPOX.

- (1) Name of Isolation Hospitals to which smallpox cases are sent from the district.

Elswick Leys Smallpox Hospital, Blackpool.
Ainsworth Smallpox Hospital, Bury.

- (2) Arrangements have been made to remove all such cases by Corporation ambulances to the hospital. Members of the ambulance crew have been vaccinated recently.

- (3) Name of smallpox consultant available.

Dr. D. C. Liddle, Monsall Isolation Hospital, Newton Heath, Manchester, 10.

Dr. E. R. Pierce, Port Health Offices, Pier Road, Liverpool, 3.

Dr. A. B. Semple, Public Health Department, Gordon House, Belmont Grove, Liverpool, 6.

Dr. C. Metcalfe-Brown, Town Hall, Manchester, 2.

- (4) Public Health Laboratory—Liverpool and Manchester.

During the year the following interesting incidents occurred in connection with Port Health Administration—

(1) Following a medical examination of an officer of a Swedish motor vessel, carried out by a Shipping Federation doctor several days after the arrival of the vessel, the man was admitted to Devonshire Road Isolation Hospital suffering from Infective Hepatitis. On his discharge from hospital, arrangements were made for his repatriation to Sweden.

(2) In rough weather during a voyage from Bona to Barrow, during the month of August, the Master of an Italian vessel radioed to Liverpool for assistance to land a sick member of his crew. Consequently, a pilot boat was sent and the man was taken ashore to hospital at Bangor. When the vessel arrived in port at Barrow, the Medical Officer of Health was notified by an H.M. Customs and Excise Officer regarding the incident. On boarding the vessel, the Medical Officer of Health found that the Master had omitted to mention the fact that sickness had occurred during the voyage on his Declaration of Health. The Master was duly reprimanded by the Medical Officer of Health particularly as the Master seemed rather vague as to the nature of the sickness. On contacting the Medical Officer of the Bangor Hospital, the Medical Officer of Health was informed that the patient had been admitted with a high temperature and in a feverish condition. Subsequent enquiry showed that the fever had abated and that the patient had not been suffering from an infectious disease. The Medical Officer of Health confirmed his verbal warning to the Master of the vessel in writing regarding the proper completion of the Declaration of Health. Written notification was also sent to the local Shipping Agents, drawing their attention to the necessity for their prompt notification to the Medical Officer of Health of any information which comes to their knowledge regarding illness of any member of the crew of any vessel coming into this port.

(3) The local Shipping Agents informed the Medical Officer of Health that three members of a Swedish vessel had reported sick whilst the vessel was in port at Barrow. Arrangements were consequently made for a Shipping Federation doctor to visit the vessel and examine the patients, and, as a result, it was shown that there was no sickness of an infectious nature amongst the crew, but that it appeared that two members were malingering and another member had strained his back.

MEASURES AGAINST RODENTS IN SHIPS FROM FOREIGN PORTS

All vessels from foreign ports entering the Port are, where necessary, systematically inspected by the Port Health Officers to ascertain the degree of rodent infestation on board.

A macroscopic examination of rats caught is carried out at frequent intervals by the Medical Officer and the Port Health Officers. There were no rats sent for bacteriological examination during the year.

Arrangements have been made, when necessary, for the deratting of ships by means of Hydrogen Cyanide to be carried out by a commercial contractor, Messrs. Hivey Fumigation Co., Ltd., 15, Cheapside, Liverpool.

It has not been found necessary to carry out any rat-proofing of ships during the year.

Rodents destroyed during the year in ships from foreign ports.

Category	Number
Black rats	62
Brown rats	Nil.
Species not known	Nil.
Sent for examination	Nil.
Infected with plague	Nil.

DERATTING CERTIFICATES AND DERATTING EXEMPTION CERTIFICATES ISSUED DURING THE YEAR FOR SHIPS FROM FOREIGN PORTS.

No. of Deratting Cerificates issued					Number of Deratting Exemption Certificates issued	Total Certificates Issued
After fumigation with		After trapping	After poisoning	Total		
HCN	Other fumigant					
Nil.	Nil.	Nil.	Nil.	Nil.	33	33

10 of the above-mentioned Deratting Exemption Certificates were issued following examination of vessels at the Port of Heysham.

As from 1st October, 1952, the Port was included in the list of ports where the Medical Officer of Health is authorised to issue Deratting Certificates and Deratting Exemption Certificates.

INSPECTION OF SHIPS FOR NUISANCES INSPECTIONS AND NOTICES.

Nature and Number of Inspections		Notices served		Result of serving Notices
		Statutory Notices	Other Notices	
Routine Inspections and Re-Inspection....	295	Nil.	27 written informal Notices. 21 verbal Notices to Master or Chief Officer.	All the nuisances have so far as practicable been abated, prior to the vessels leaving the Port.
Total	295	Nil.	48	....

PREVENTION OF DAMAGE BY PESTS (APPLICATION TO SHIPPING) ORDER, 1951

Two Rodent Control Certificates were issued under the provisions of the above-mentioned Order during the year.

FOOD INSPECTION

No foodstuffs arrived at the port during the year, therefore no action was taken under the Public Health (Imported Food) Regulations, 1937 and 1948, the Public Health (Imported Milk) Regulations, 1926, and the Public Health (Preservatives, etc., in Food) Regulations, 1925-1940.

ARRANGEMENTS FOR DEALING WITH MARITIME DECLARATIONS OF HEALTH

A blank Maritime Declaration of Health form is handed to the Master of every ship approaching the Port as soon as the Pilot boards. On arrival at the port the completed form is inspected by the Customs Officer or Port Health Officer, whoever is first aboard.

BOARDING OF VESSELS ON ARRIVAL

Vessels arriving from infected or suspected ports are always boarded by a Customs Officer and Port Health Officer together. Other vessels are usually boarded by a Customs Officer in the first instance.

RESTRICTION ON BOARDING OR LEAVING SHIPS

Instructions have been given to Harbour Authorities, tradespeople and other persons in the habit of visiting ships at the port to keep clear until the ship is free from control.

ENVIRONMENTAL HEALTH

This part of the report is compiled by the Chief Public Health Inspector.

HOUSING**HOUSING REPAIRS**

Number of unfit or defective houses rendered fit during the year as a result of informal action under the Public Health or Housing Acts 77

ACTION UNDER STATUTORY POWERS**PUBLIC HEALTH ACT**

Number of houses in which defects were remedied after service of formal notices :

(a) by owners	....	....	....	....	....	....	....	....	....	115
(b) by the local authority in default of owners	....	....	....	....	....	....	....	....	....	10

HOUSING ACT

Number of unfit houses rendered fit for human habitation after service of formal notices :

(a) by owners	....	....	....	....	....	....	....	....	....	2
(b) by the local authority in default of owners	....	....	....	....	....	....	....	....	....	4

DEMOLITION ORDERS

7 Demolition Orders were made in respect of 7 unfit dwellings.

The owners of 2 of these dwellings lodged appeals against the orders in the County Court, and the appeals were pending at the end of the year.

CLOSING ORDERS

Number of Closing Orders made in respect of unfit dwellings 3

CLEARANCE ORDERS

During the year, 2 Clearance Orders were made in respect of 2 clearance areas comprising a total of 10 houses.

HOUSING REPAIRS AND RENTS ACT, 1954

This Act remained in operation until July, when it was substantially repealed by the Rent Act, 1957.

The following statistics summarise the administration of the provisions of the Housing Repairs and Rents Act, 1954, during 1957.

Applications for Certificates of Disrepair	20
Applications considered and granted by the Housing Committee	19
Applications deferred	1
Applications for revocation of Certificates of Disrepair	12
Certificates revoked	6
Applications for revocation refused	Nil.
Inspections carried out in connection with these provisions	155

THE RENT ACT, 1957

This Act, which came into operation from 6th July, 1957, applies primarily to privately owned property let unfurnished as separate dwellings, although there are some provisions affecting furnished lettings.

The two main effects of the Act are :

- (1). It frees from rent control dwellings above certain levels of rateable value.
- (2) It permits limited rent increases in respect of dwellings still under rent control.

In this County Borough, the vast majority of rented dwellings fall into the second of the above categories because their rateable values are not over £30.

The new rent limits are prescribed on the following basis :—

If the landlord is responsible for repairs (other than internal decorations) the annual maximum rent chargeable is twice the gross value of the dwelling. If the landlord is responsible (or has elected to carry out) internal decorations in addition to repairs, the annual rent chargeable is $2\frac{1}{3}$ times the gross value, but where the tenant is responsible for all repairs, it is $1\frac{1}{3}$ times the gross value.

To effect a permitted increase in rent, the landlord must serve a notice in a prescribed form on the tenant, giving at least three months' notice of the increase. Incidentally, if the increase amounts to more than 7s. 6d. per week, an increase of 7s. 6d. a week only can be charged for the first six months after the notice takes effect, and only from then is the remainder of the permitted increase chargeable. No increase whatever can be charged in the case of a house in a slum clearance area or if the local authority has taken certain other action under the Housing Acts or Public Health Acts.

If a tenanted house requires repair, the tenant can prevent an increase in rent by serving a notice of defects of repair in a prescribed form, on the landlord. The tenant should keep a copy of such form. Six weeks are allowed for the landlord to reach agreement on the defects to be made good, and the landlord may carry out the agreed repairs forthwith or he may give a written undertaking, again in a prescribed form, to carry out the work. If after the expiry of six weeks from the receipt of the tenant's notice of defects of repair, the landlord has not done the work nor has given an undertaking to do so, the tenant can apply to the Local Authority for a Certificate of Disrepair, and again prescribed forms for such purposes must be used. The tenant must furnish the Local Authority with a copy of the notice of defects of repair which he served on the landlord. Although a rent increase can take effect after the landlord has given a written undertaking to the tenant to carry out the necessary repairs, if the work is not carried out within six months of the undertaking being given, the tenant can start deducting from his rent payments the rent increase he has already paid during such period.

If the Local Authority decide to issue a Certificate of Disrepair, the landlord must be given three weeks' notice of their intention, and if within such period he gives written undertaking to carry out the necessary repairs within a period of six months, the Local Authority must not issue the certificate.

If the tenant does not apply for a Certificate of Disrepair until more than six months after the landlord served notice of rent increase, the rent increase has taken effect and the tenant cannot get back to the old rent, but if a Certificate is granted or the landlord fails to carry out his undertaking, the increased rent the tenant is then paying is reduced to $1\frac{1}{3}$ times the gross value of the house.

In the case of a Certificate of Disrepair being issued, the landlord may appeal to the County Court if he considers that the certificate ought not to have been issued. The County Court may cancel the Certificate in whole or in part.

The tenant has a similar right to appeal to the County Court against the Local Authority's refusal to issue a Certificate of Disrepair.

When the landlord has carried out the works necessary to remedy the defects noted in a Certificate of Disrepair, he may apply to the Local Authority for the Certificate to be cancelled, in which case the Local Authority must serve a Notice on the tenant informing him of the landlord's application, and, unless the tenant objects within three weeks, the Certificate must be cancelled. If the tenant objects to cancellation, it is then for the Local Authority to decide whether to cancel the Certificate. There is right of appeal to the County Court by the tenant against a cancellation, and by the landlord against a refusal to cancel.

It will be seen from the foregoing outline of the provisions mentioned, that the whole procedure is complicated and involves the use of statutory forms and notices at the various stages by the landlord, the tenant and the Local Authority.

Right from the outset of the operation of the provisions of the Act, a vast number of enquiries and requests for advice were received from members of the public, particularly tenants who had received rent-increase notices from their landlords.

Legal queries were dealt with by the Town Clerk's Department, where tenants were also able to obtain copies of Form G (Notice to Landlord of Defects of Repair). The very numerous requests received from tenants for inspections of their dwellings on receipt of rent increase notices were dealt with as quickly as possible by the Inspectors who listed the defects found upon inspection and advised the tenants, where necessary, of the completion of their copies of Form G. All this new work was carried out by the Public Health Inspectors and clerical staff admirably and it is hoped the public realise that a good deal of improvement in their living conditions is due to the work done in this connection.

Summary of the work from 6th July to the end of the year :—	
Requests from tenants for inspections of their dwellinghouses and for advice in respect of the completion of Form G	1040
Applications for Certificates of Disrepair	149
Certificates of Disrepair Issued	54
Landlords' undertakings to remedy the Defects Listed on Local Authority's Notice to Landlord of Proposal to Issue a Certificate of Disrepair	80
Such Undertakings Refused by the Local Authority	7
Applications by Landlords to the Local Authority for Cancellation of Certificate of Disrepair	1
Objections by Tenants to Cancellation of Certificates of Disrepair	Nil.
Certificates Cancelled by the Local Authority	Nil.
Visits of Inspection paid to Dwellinghouses in connection with the above	2279

ABATEMENT OF NUISANCES

Complaints regarding nuisances and sanitary defects received and investigated	663
Inspections and re-inspections made under the provisions of the Public Health and Housing Acts	3645
Intimation Notices served in connection with Nuisances and Sanitary Defects	190
Statutory Notices served in connection with Nuisances and Sanitary Defects	122
Orders obtained in the Magistrates' Court in respect of Unabated Nuisances	2
Inspections of Cinemas, Theatres and Music Halls	39
Miscellaneous Inspections (Piggeries, Stables, etc.)	295
Interviews with Owners, Agents and Contractors, etc.	554
Observations and inspections about atmospheric pollution	178

The following is a summary of work carried out during the year as a result of formal actions, and in addition to a considerable amount of work effected as a result of informal action :—

WATER CLOSETS, FLUSHING APPARATUS, Etc.

W.C. roofs repaired	6
W.C. doors repaired or renewed	15
W.C. floors repaired or renewed	6
W.C. cisterns repaired or renewed	6
W.C. flushing apparatus repaired or renewed	27
W.C. flushing apparatus provided with proper supply of water	5
Broken pedestal W.C. basins repaired or renewed	8
W.C. seats repaired or renewed	8
Defective W.C. walls repaired or rebuilt	13
Defective connections between W.C. basin and flushpipe	2

EAVESGUTTERS, RAINWATER PIPES, Etc.

Premises on which eavesgutters were cleared, repaired or renewed	42
Premises on which rainwater pipes were repaired or renewed	24

DRAINAGE AND YARD PAVING, Etc.

Stopped drains cleared and repaired	18
Defective drains repaired or relaid	14
Defective drain vent shafts repaired or renewed	8
Defective yard surfaces repaired or renewed	16
Broken and defective sink waste pipes repaired or renewed	14
W.C. soil pipes repaired or renewed	5

YARD WALLS, YARD DOORS, Etc.

Defective yard doors repaired or renewed	21
Defective yard walls repaired or renewed	18

GENERAL REPAIRS AND RENEWALS TO DWELLING HOUSES

Roofs repaired	78
Floors repaired and renewed	39
Dampness in walls remedied	186
Defective plasterwork of walls repaired or renewed	119
Defective house walls repaired or rebuilt	47
Defective plasterwork of ceilings repaired or renewed	34
Defective doors repaired or renewed	27
Defective kitchen firegrates repaired or renewed	10
Defective parlour firegrates repaired or renewed	3
Defective bedroom firegrates repaired or renewed	3
Defective chimney stacks repaired or rebuilt	10
Defective chimney flues repaired or reconstructed	3
Defective flashings repaired or renewed	4
Defective cement renderings to external walls repaired or renewed	11
Defective skylights repaired or renewed	5
Defective sinks renewed or refixed	6
Loose handrails to staircases refixed	3
Defective fixed cupboards repaired or renewed	6
Defective firegrate surrounds and hearths repaired or renewed	9
Defective firebacks to kitchen ranges repaired	2
Defective window frames repaired or renewed	45
Defective window sills repaired or renewed	53
Defective window sashes repaired or renewed	38
Defective window glazing, putty-pointing, etc., remedied	21
Defective pointing to window and door reveals	41
Defective window cords remedied	31
Rooms in which skirting boards were provided or repaired	11
Broken and dangerous steps repaired or renewed	10
Defective staircases reconstructed or repaired	2
Defective weatherboards and threshwoods provided or repaired	35
Defective pointing remedied	75
Defective pipes and taps repaired	5
Coal store, outhouse, etc., structural repairs	13
Repair or renewal of leaking gas pipes and fittings	2

OTHER MATTERS DEALT WITH

Food stores provided with means of ventilation	2
Habitable rooms provided with means of permanent ventilation	2
Miscellaneous nuisances abated	6

DISINFESTATION

During the year, the department carried out disinfestation for bugs, fleas, beetles, ants, mites, etc., at 14 privately owned premises and 20 Corporation owned premises.

RESTRICTION ON SALES

The illegal practice of rag collectors exchanging articles for rags with persons under the age of 14 years has not entirely disappeared. Following the alertness of a District Inspector, a rag collector was summoned and fined 40/- for contravening the Public Health Act, 1936, when he gave toys to persons under 14 years of age in exchange for rags.

WATER SUPPLY TO OCCUPIED DWELLING-HOUSES

No. of Statutory Notices served under the provisions of Section 138 of the Public Health Act, 1936, and Section 30 of the Water Act, 1945, requiring the provision of a sufficient supply of wholesome water to dwelling-houses		3
No. of dwelling-houses provided with a sufficient supply of water		8
No. of leaking pipes repaired		5

DRAINAGE WORK

The provisions of Section 41 of the Public Health Act, 1936, regarding the notification to be given to the Local Authority of the repair, reconstruction or alteration of the course of any underground drain, are enforced by the Public Health Inspector's Section, and all such work is inspected and approved by the Public Health Inspectors before being covered in.

No. of inspections and tests carried out in connection with the repair of, alteration to, or addition to, drains	369
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SHOPS ACT, 1950.

No. of inspections carried out under the provisions of the Shops Act, 1950	189
The provisions were generally well complied with.	

CONTROL OF MOVEABLE DWELLINGS

Considerable time was devoted to the inspection of moveable dwellings.

There are two licensed sites within the County Borough. One of the sites, situated on land at Earnse Point, Walney, was licensed under the provisions of the Public Health Act during the year. The site is occupied by modern caravans and is supervised by a resident manager. There is a permanent sanitary block, fitted with water closets and showers, with separate accommodation for each sex. A general store has been opened and further developments are proceeding.

RODENT CONTROL.

The Council employ two Rodent Control Operatives to deal with rat and mouse infestation. The work is carried out free of charge, with the exception that occupiers of business premises, factories and work-places are required to pay for the cost of materials and labour.

Rodent Control work in respect of the sewers is the responsibility of the Borough Engineer and Surveyor.

During the course of sewer-baiting, the Rodent Control staff carried out systematic inspections of properties adjacent to the sewers undergoing treatment and it was found that the sewer work had a very marked beneficial effect upon the infestations discovered in surface properties.

Many surface infestations have been remedied throughout the Borough by means of the repair or reconstruction of defective drainage systems

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

The above-mentioned Act came into force on 31st March, 1950. The Act places the onus on Local Authorities to take such steps to secure that their districts are kept free from rats and mice, and to carry out inspections from time to time, to destroy rats and mice on land occupied by Local Authorities and to enforce the duties of owners and occupiers of land regarding rodent infestation. Occupiers of land infested by substantial numbers of rats or mice are legally bound to notify the Local Authority in writing. The Act places the onus of disinfection of land upon the owner or occupier and provides for the service of a notice upon the owner or occupier by the Local Authority, requiring him to take action within a certain time for the eradication of rats and mice. The Local Authority can carry out the work in default and recover the cost.

SUMMARY OF THE WORK

	Type of Property				
	Local Author- ity (1)	Dwell- ing Houses (2)	Agri- cultural (3)	All other (including business premises) (4)	Total (5)
Number of properties inspected by the Local Authority as a result of (a) notification (b) survey under the Prevention of Damage by Pests Act, 1949 (c) otherwise e.g. when visited primarily for some other purpose.	(a) 23	185	—	53	261
	(b) 28	96	32	34	190
	(c) 51	312	8	458	829
Total inspections carried out including re-inspections.	149	593	62	621	1435
Number of properties inspected which were found to be infested by rats.	Major 4	5	—	4	13
	Minor 9	98	3	11	121
Number of properties inspected which were found to be infested by mice.	Major 2	2	—	5	9
	Minor 8	96	—	22	126
Number of infested properties treated by the Local Authority.	23	201	—	42	266
Number of "block" control schemes carried out.					20

PHARMACY AND POISONS ACT, 1933

No. of inspections of applicants for retention of their names in the Authority's list of persons entitled to sell poisons 58

FERTILISERS AND FEEDING STUFFS ACT, 1926

During the year, 4 formal samples of feeding stuffs were taken and were reported by the Analyst to be satisfactory and to comply with the respective guarantees.

MILK SUPPLY

No. of visits paid to Dairies, Milk Shops and Milk Pasteurising Depots 176

THE MILK AND DAIRIES REGULATIONS, 1949—1954

The execution and enforcement of the regulations on dairy farms (except in so far as they relate to diseases communicable to man) became from October, 1949, the responsibility of the Minister of Agriculture, while Local Authorities retain the responsibility for those provisions which apply outside dairy farms, for the provisions relating to diseases communicable to man, the registration of dairies other than dairy farms, and the registration of dairymen and distributors of milk.

No. of Dairies registered during the year Nil.
No. of Distributors of milk registered during the year 15

THE MILK (SPECIAL DESIGNATIONS) (RAW MILK) REGULATIONS, 1949.
THE MILK (SPECIAL DESIGNATIONS) (PASTEURISED AND STERILISED MILK)
REGULATIONS, 1949.

The Milk (Special Designations) (Raw Milk) Regulations, 1949, provide that Licences to producers to use any special designation shall be granted by the Minister of Agriculture and Fisheries, while Local Authorities will continue to grant Licences to dealers to use special designations in respect of milk sold by them.

The Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949, provide for a new special designation "Sterilised Milk." Licences in respect of Pasteurising and Sterilising establishments will be issued by the Food and Drugs Authorities, and Local Authorities will continue to be responsible for all other Licences connected with these designated milks.

THE MILK (SPECIAL DESIGNATIONS) (SPECIFIED AREAS) (No. 2) ORDER, 1957

The Order, which was made jointly by the Minister of Agriculture, Fisheries and Food and the Minister of Health, came into operation on 25th November, 1957. Under this Order the provision of Sub-section (1) of Section 37 of the Food and Drugs Act, 1955, apply in an area which includes this County Borough.

This means that on and after 25th November, 1957, all dairymen who retail milk in any part of the area must sell milk under special designation, irrespective of whether the premises from which the milk is retailed are inside or outside the area, and any milk which is retailed outside the specified area for those same premises must also be sold under special designation.

It is also obligatory to use a special designation in relation to milk sold to a caterer unless the caterer intends to pasteurise or sterilise the milk and is licensed so to do.

The special designations authorised by the Milk (Special Designation) Regulations, 1949 to 1954, are "Pasteurised," "Sterilised," and "Tuberculin Tested."

BACTERIOLOGICAL EXAMINATION OF MILK

PASTEURISED MILK

Samples satisfactory	61
Licensed Milk Pasteurisers in the Borough (H.T.S.T.)	2

TUBERCULIN-TESTED (PASTEURISED) MILK

Samples satisfactory	19
Licensed Pasteurisers of Tuberculin-Tested Milk (H.T.S.T.)	1

TUBERCULIN-TESTED MILK (PRODUCED WITHIN THE BOROUGH)

Samples satisfactory on both Methylene Blue and Coliform Tests	3
Unsatisfactory on Methylene Blue Test	Nil.
Unsatisfactory on Coliform Test	1

TUBERCULIN-TESTED MILK (PRODUCED OUTSIDE THE BOROUGH)

Samples satisfactory on both Methylene Blue and Coliform Tests	24
Unsatisfactory on Methylene Blue Test	4
Unsatisfactory on Coliform Test	10

UNDESIGNATED MILK (PRODUCED WITHIN THE BOROUGH)

Satisfactory in all respects		2
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UNDESIGNATED MILK (PRODUCED OUTSIDE THE BOROUGH)

Samples satisfactory in all respects		9
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Unsatisfactory on Plate Count Test		6
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Unsatisfactory on Methylene Blue Test		8
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Unsatisfactory on Coliform Test		8
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BIOLOGICAL EXAMINATION OF MILK

Samples submitted for Animal Inoculation Test		57
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Samples showing the presence of B. Tuberculosis		Nil.
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Samples sour on arrival at Laboratory		5
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THE ICE-CREAM (HEAT TREATMENT, ETC.) REGULATIONS,
1947 — 1952

The administration of these Regulations was fully carried out and repeated visits of inspection to premises where ice-cream is manufactured and/or sold showed that, following advice and explanation given by the Inspectors, the provisions were being well complied with. 188 inspections were carried out.

BACTERIOLOGICAL EXAMINATION OF ICE-CREAM

During the year, samples of Ice-Cream were obtained from various premises and were submitted to the Methylene Blue Test recommended by the Ministry of Health. There were 17 samples and all were Grade I.

One of the above samples was reported by the Bacteriologist to have B. Coli present. The manufactory was visited and the whole of the plant and utensils were inspected. Check samples of the product were taken at different stages of manufacture and these were examined with a view to tracing the source of contamination. The search indicated two possible points of contamination. Thorough cleansing and sterilisation of the whole plant and equipment was carried out and further samples showed satisfactory results upon bacteriological examination.

THE FOOD AND DRUGS ACT, 1955
THE FOOD HYGIENE REGULATIONS, 1955-1956

The provisions contained in the 1955 Act and the Regulations were constantly implemented. Numerous invitations to address Trade Associations and groups of traders and Women's Organisations were readily accepted by the Chief Public Health Inspector, and very keen interest was displayed.

Routine inspections were carried out regularly of all types of food premises, including shops, food factories and warehouses, restaurant and hotel kitchens, canteens, ice-cream manufacturers' and dealers' premises, butchers' shops, market halls and cold stores. Vehicles used for the transport of meat and other foodstuffs were also inspected.

SUMMARY OF THE INSPECTIONS

Premises on the register for the making of sausages, potted, pressed, pickled or preserved food	117
Premises registered for the manufacture or sale of ice-cream	245
Inspections of food premises	2075

Special attention was paid to personal hygiene of persons engaged in food handling and preparation, and much progress has been made towards the attainment of a high standard.

SUMMARY OF REPAIR AND IMPROVEMENT CARRIED OUT AT FOOD PREMISES

Wash-hand basins provided	82
Sinks provided	36
Hot water provided	59
Nailbrushes provided	48
Handwashing notices provided	35
First Aid Outfits provided	32
Clothing Lockers and accommodation provided	6
New preparing tables provided	8
Preparing table tops covered with impervious material	24
Covered food containers provided	14
New cooking stores provided	7
Refrigerators provided	25
Premises redecorated	101
Plasterwork of walls repaired or renewed	7
Preparing room ceilings underdrawn	2
Miscellaneous improvements	29
W.C. compartments repaired and redecorated	27
Additional W.C. accommodation provided	1
W.C. basins renewed	4
W.C. cisterns renewed	1

PUBLIC HEALTH (MEAT) REGULATIONS, 1924

Inspections of butchers' shops, meat stalls and cold stores	545
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The Regulations continue to be well complied with generally, and only informal action was necessary where any default was found.

The provisions of the Regulations for the transport of meat have been carried out satisfactorily, and several firms have provided new specially constructed vehicles for the transport of meat.

MEAT INSPECTION.

NUMBERS OF ANIMALS SLAUGHTERED AT THE PUBLIC ABATTOIRS.

Year.	Cattle.	Calves.	Sheep.	Pigs.	Total.
1955	5286	979	21066	9296	36627
1956	5685	1427	22628	8323	38063
1957	6491	898	20192	8096	35677

NUMBER OF WHOLE CARCASSES WITH OFFALS CONDEMNED

Year	Beef	Veal	Mutton	Pork	Total
1955	75	42	91	37	245
1956	47	23	49	22	141
1957	46	30	44	49	169

The total weight of meat condemned at the Abattoirs during the year was 42 Tons 15 Cwts. 1 Qtr. 9 lbs.

UN SOUND MEAT, CARCASSES AND PART CARCASSES CONDEMNED AT ABATTOIRS

Disease	Beef lbs.	Veal lbs.	Mutton lbs.	Pork lbs.	Total lbs.
Tuberculosis	1086	—	—	1747	2833
Other Conditions	18221	1044	1674	3622	24561
	<u>19307</u>	<u>1044</u>	<u>1674</u>	<u>5369</u>	<u>27394</u>

UN SOUND VISCERA CONDEMNED AT THE ABATTOIRS

Disease	Beef lbs.	Veal lbs.	Mutton lbs.	Pork lbs.	Total lbs.
Tuberculosis	1548	—	—	2776	4324
Other Conditions	52267	178	6794	4840	64079
	<u>53815</u>	<u>178</u>	<u>6794</u>	<u>7616</u>	<u>68403</u>

	Cattle	Calves	Sheep and Lambs	Pigs
Number killed	6,491	898	20,192	8,096
Number inspected	6,491	898	20,192	8,096
ALL DISEASES EXCEPT TUBERCULOSIS				
Whole carcasses condemned	44	30	44	36
Carcasses of which some organ or part was condemned	4,487	—	7,826	1,043
Percentage of number inspected affected with disease other than Tuberculosis	69.12	3.33	38.75	12.88
TUBERCULOSIS ONLY				
Whole carcasses condemned	2	—	—	13
Carcasses of which some organ or part was condemned	37	—	—	136
Percentage of number inspected affect- ed with Tuberculosis	0.6	—	—	1.84

IMPORTED MEAT CONDEMNED

Beef....	864 lbs.
Lamb	60 lbs.
Liver	140 $\frac{3}{4}$ lbs.
Ox Hearts	73 lbs.

No cases of Congenital Tuberculosis were found on post-mortem examination of calves.

CARCASSES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR IN PART

	Cattle Ex- cluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	2293	4198	898	20192	8096
Number Inspected	2293	4198	898	20192	8096
All diseases except TUBER- CULOSIS & CYSTICERCI Whole Carcasses condemned	7	36	30	44	36
Carcases of which some part or organ was condemned	1323	3164	—	7826	1043
Percentage of the number inspected affected with disease other than tuber- culosis and cysterci	58.02	76.18	3.33	38.75	12.88
TUBERCULOSIS ONLY : Whole carcasses condemned	1	1	—	—	13
Carcases of which some part or organ was condemned	12	25	—	—	136
Percentage of the number in- spected affected with tuber- culosis	0.56	0.61	—	—	1.84
CYSTICERCOSIS : Carcases of which some part or organ was condemned	13	9	—	—	—
Carcases submitted to treat- ment by refrigeration	13	9	—	—	—
Generalised and totally con- demned	1	—	—	—	—

OUTBREAK OF FOOT AND MOUTH DISEASE AT THE PUBLIC ABATTOIRS

In September, following foot and mouth disease amongst pigs at an Ulverston farm from where pigs had been sent to Barrow, all movement of animals in or out of the Abattoirs and Auction Mart was temporarily prohibited. A Veterinary Officer of the Ministry of Agriculture, Fisheries and Food confirmed the existence of the disease in some of the pigs. The premises thus became an Infected Place under the provisions of the Diseases of Animals Acts. Rigorous control was exercised by the Ministry's Officers, the Police and the Abattoir Superintendent to prevent any possibility of spread of infection. Thorough cleansing and disinfection of the premises and equipment was carried out. Following the slaughter of 27 pigs which were affected or in contact with affected pigs, arrangements were made for their disposal by burning. During the following seven days, the only normal activities allowed on the premises were the slaughtering of a number of cattle which were already on the premises when the outbreak was discovered, and which had satisfied a very searching examination for evidence of foot and mouth disease.

SAMPLES OF FOOD ANALYSED DURING THE YEAR 1957

MILK

An informal sample of milk from outside the Borough was taken on delivery to a Barrow Dairy and sent for analysis. The Analyst reported that the sample contained 10% of added water.

A formal sample of milk from the same source was taken later and sent for analysis. The result showed the presence of 9% of added water. This was reported to the Health Committee and legal proceedings were taken against the vendor. The case was heard at Court and the Bench imposed a fine of £20 plus costs.

SAUSAGE

Seven informal samples of sausage were obtained by an agent acting for an Authorised Sampling Officer of the Food and Drugs Authority. The Analyst's reports indicated the presence of an undeclared preservative in each of the samples, also that one of the samples was deficient in meat. Formal samples of sausage were obtained later from the same vendors and analysed. The results showed that three of the samples contained an undeclared preservative but the meat content of all the samples submitted was satisfactory. The matter was reported to the Health Committee and legal proceedings were taken against the vendors. The cases were heard at Court and a fine of 20/- was imposed, plus Analyst's fee in each case.

PORK SAUSAGE

A formal sample of pork sausage from a Manufacturer/Retailer within the Borough was sent for analysis. The result showed a deficiency of meat content. The matter was reported to the Health Committee and in the absence of a legal standard for sausage, the Town Clerk was authorised to send a warning letter to the manufacturer/retailer, drawing attention to the low meat content of pork sausage. It was also decided that all manufacturers/retailers who sell sausage be told that this Authority expect all pork sausage which is sold to contain at least 65% meat. The Town Clerk communicated with the Association of Municipal Corporations to try and get the Government to lay down a standard.

ANALYSIS OF MILK SAMPLES

Number analysed	107
Number reported to be genuine	105
Number reported to be adulterated or below the legal standard	2
Percentage of samples adulterated or below the legal standard	2.14
Average percentage of fatty and non-fatty solids in total samples analysed :	
Fatty solids	3.68
Non-fatty solids	8.74
Total solids	12.42

SUMMARY OF MILK SAMPLES

Two samples showed added water, none showed deficiency in milk fat or abnormal composition.

ANALYSIS OF FOOD SAMPLES

Of 190 samples analysed, 32 were taken formally, these being :—

23 samples of milk, 22 found to be genuine, 1 not of the required standard.

4 samples of pork sausage, 3 found to be genuine, 1 not of the required standard.

4 samples of beef sausage, 4 found to be genuine.

1 sample of buttered teacake, 1 found to be genuine.

The remaining 158 informal samples were as follows :—

DESCRIPTION OF SAMPLE	NUMBER ANALYSED
Milk	86
Pork sausage	6
Beef sausage	4
Ice-cream	11
Ice-lollies	4
Sultana cake	1
Madeira cake	1
Rum Butter	1
Minced Turkey and Jelly	1
Minced Chicken and Jelly	1
Self-Raising Flour	4
Coconut Cake Flour	1
Butterscotch Kisses	1
Buttered Brazils	1
Potted Salmon	1
Buttered Teacakes	2
Dessicated Coconut	3
Ground Almonds	4
Glacé Cherries	2
Gelatine	1
Ground Nutmeg	2
Ground Cinnamon	3
Lemon Cheese	1
Candied Peel	2
Cherry Cake	1
Buttered Sultana Cake	1
Ruby Wine	1
British Sherry	1
Sarsaparilla	1
Sparkling Orange	1
Limeade	1
Oranges	6
Rum and Butter Sweets	1

With the exception of 1 sample each of milk, pork sausage and buttered teacake found to be adulterated or not up to standard, the above were found to be genuine.

SUMMARY OF FOOD DESTROYED

BY DESCRIPTION—

Tins of Meat	1179
Tins of Fruit	1427
Tins of Vegetables	866
Tins of Fish	261
Tins of Milk	252
Tins of Soup	123
Tins and Jars of Meat Paste and Fish Paste	92
Tins and Jars of Salad Cream and Mayonnaise	1171
Tins and Jars of Rice	35
Tins and Jars of Solid Pack Apples	240
Packets and Cartons of Cheese	86
Packets and Cartons of Sponge Pudding	229
Packets and Cartons of Mixed Fruit Drops	24
Pomegranates	240
Fishcakes	60
Others	63

BY WEIGHT—

	Cwts.	Qrs.	lbs.
Bacon	1	1	22½
Sausage		1	18¾
Cooked Ham		1	¼
Ox Hearts		2	16½
Australian Ox Livers		2	7
Australian Ox		3	5
Cake		1	20
Carrots	20	—	—
Potatoes	130	—	—
Kippers		1	14
Smoked Fish Cutlets			7
Others		1	24½

All condemned food, including meat from the Public Abattoirs, was incinerated at the Corporation's Refuse Destructor.

FACTORIES ACTS, 1937 AND 1948

PREMISES	PREMISES ON REGISTER	NUMBER OF INSPECTIONS
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	36	32
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	217	145
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	15	7
TOTAL	268	184

Written notices were served in two cases under (i) and in one case under (ii).

PARTICULARS OF DEFECTS FOUND

Want of cleanliness (S.1)	25
Overcrowding (S.2)	
Unreasonable temperature (S.3)	
Inadequate ventilation (S.4)	
Ineffective drainage of floors (S.6)	3
Sanitary Conveniences (S.7)	
(a) Insufficient	1
(b) Unsuitable or defective	32
(c) Not adequate for sexes	1
Other offences against the Act (not including offences relating to outwork)	
TOTAL	62

ATMOSPHERIC POLLUTION

During the year, a considerable amount of time was devoted to the abatement of atmospheric pollution, and allegations, reports and complaints of nuisance from a variety of sources were thoroughly investigated and dealt with as indicated :—

ALLEGED SMOKE AND GRIT NUISANCE FROM A PRIVATELY OWNED POWER STATION

Numerous observations of the station's chimneys and inspections in the surrounding area showed no evidence of excessive emission of smoke, dust or grit from this source and inspection of the premises and plant showed that the station was being operated as efficiently as possible. It is the firm's intention to stop operating soon, but the additional instrumentation which was installed some time ago has made an improvement.

REPORT OF SMOKE NUISANCE OCCURRING NEAR A LARGE ENGINEERING WORKS

The investigation entailed many observations and inspections, as there are many different processes and a wide variety of types of plant in operation in the Works.

Some nuisance from smoke emission was observed on a number of occasions arising from the firm's coal-fired locomotive engines in the Works, but there will be a gradual replacement of these locomotives by diesel engines.

Conditions have also been improved by the replacement of coal firing by oil firing in part of the Works, and by the end of the year the forge furnaces and press furnaces remained as the worst offenders amongst the various processes carried out. The furnaces are old, and although some mechanical means of stoking are employed, nuisance from dark smoke emission occurs from time to time. As these processes are carried out on a " piecework " basis, there is a tendency for the operatives to overfeed or force the furnaces, thus accentuating the emission of smoke. The most satisfactory solution would be modern furnaces.

DUST AND GRIT EMISSION FROM BLAST FURNACES

Considerable progress was made during the year towards a substantial reduction in the emissions of dust and grit from the blast furnaces of the local Ironworks. In addition to the completion of a new coke screening plant, the construction of a large sinter plant at the works was nearing completion by the end of the year. The full operation of this new plant in conjunction with the blast furnaces should have a very marked effect in reducing the emissions of grit and dust, as much of the blast furnace gas produced will now be burnt in the sinter plant rather than being discharged into the air.

SMOKE NUISANCE FROM DRY CLEANING PREMISES

An investigation into the cause of undue smoke emissions from the chimney of the premises of a dry cleaning firm was carried out. The steam-raising plant was found to be ideal and adequate for its purpose and to be maintained in a satisfactory condition. The type of coal used was found to be quite suitable for such a plant.

As a result of observations it was found that immediately following the periodic raking and declinking of the firebed, bursts of dark smoke were emitted from the chimney, due to lack of sufficient care in these operations and more careful regulation of the secondary air supply to the furnace.

The firm's engineer co-operated fully and numerous observations carried out subsequently showed that satisfactory conditions were being maintained.

THE CLEAN AIR ACT, 1956

This new and comprehensive measure very substantially replaces the former general legislation about atmospheric pollution. The Act makes it the Statutory duty of Local Authorities to enforce the provisions in their districts, but during the year the only provisions which had been brought into operation were those concerned with the installation of new furnaces, height of chimneys, smoke control areas and colliery spoilbanks.

NOTIFICATION OF PROPOSALS TO INSTALL NEW INDUSTRIAL FURNACES

This provision requires notice to be given to the Local Authority of any proposal to install a furnace. It is not necessary to submit plans or specifications when giving notice. The purpose of notification is solely to enable Local Authorities to know when and where new furnaces are being installed.

During the year, notification was received of proposals to install three new industrial furnaces in the Borough. Following consideration, the Health Committee approved the applications.

OTHER SERVICES

Details are given below of medical examinations carried out by medical officers :—

PURPOSE OF EXAMINATION	No.
Fitness for employment and for acceptance to the superannuation scheme	373
Fitness to undertake training as teachers or for employment as teachers	42
Fitness to take up teaching appointments (Established Teachers)	30
Examination of employees whose sickness absences totalled or exceeded four weeks per year	26
	471

The following are the causes for rejection of candidates for employment :

FIT TO WORK				REJECTED—UNFIT FOR EMPLOYMENT			
CAUSE	M.	F.	TOTAL	CAUSE	M.	F.	TOTAL
Hypertension	5	—	5	Heart Disease and			
"Acute Backache "	1	—	1	Emphysema	—	1	1
Quinsey	2	—	2	Defective Vision	3	—	3
Albuminuria	1	—	1	(2 Firemen)			
Nervous Debility	2	1	3	Asthma	1	—	1
Chronic Bronchitis	2	1	3	High Blood Pressure	—	1	1
Asthma	1	2	3	Tuberculosis	1	1	2
Duodenal Ulcer	2	1	3	Epilepsy	2	—	2
Fibrositis	1	—	1	Dermatitis	1	—	1
Epilepsy	—	1	1				
High Blood Pressure	1	2	3	Total	8	3	11
Emphysema	1	—	1				
Bronchiectasis	1	—	1				
Tuberculosis	3	—	3				
Adenoma of Breast	—	1	1				
Inguinal Hernia	1	—	1				
Total	24	9	33				

MINISTRY OF HEALTH CIRCULAR 2/53 (PARAGRAPH 4) AND 1/54
(PARAGRAPH 5)

14 Forms B.D.8 were received. No cases of retrolental fibroplasia in premature infants and no cases of ophthalmia neonatorum were notified.

FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS
1st JANUARY—31st DECEMBER, 1957

(i) Number of cases registered during the year in respect of which Section F of Forms B.D.8. recommends :—	Cause of Disability		
	Cataract	Glaucoma	Others
(a) No treatment	3	1	4
(b) Treatment (medical surgical or optical)	2	2	1
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	2	2	1

HEALTH OF CHILDREN

A note on this is made following a request by the Ministry of Health in 1954 and is mainly concerned with preventing the break-up of families.

As is stated elsewhere, the scope of the domestic help service has increased, but it is mainly for the advantage of the older population. Any family with acute illness in the mother is always sympathetically considered, but it is noticed that they can usually make arrangements with friends or relatives about the care of the children.

The question of problem families and helping them through a Co-ordinating Committee has been discussed with the officers of the newly constituted Children's Department of the Corporation. Up to the present time the children of these families have been cared for by good liaison between the many field workers, but some overlapping exists and it is hoped to have a Co-ordinating Committee functioning next year.

A Night Sitter-in Service is available in an emergency but there has never been any request for it.

VENEREAL DISEASE

I am obliged to Dr. J. F. Mackay for the following figures from his Clinic at Devonshire Road Hospital.

PATIENTS DEALT WITH FOR THE FIRST TIME

	SYPHILIS		GONORRHOEA		OTHER CONDITIONS	
	Male	Female	Male	Female	Male	Female
1956	4	10	27	1	74	15
1957	4	5	19	1	73	12

Treatment given at the centre during the year showing areas in which patients dealt with for the first time resided :—

	SYPHILIS		GONORRHOEA		OTHER CONDITIONS	
	1956	1957	1956	1957	1956	1957
Barrow-in-Furness	9	7	8	3	42	57
Lancashire	5	1	2	2	16	6
All others including seamen	—	1	18	15	31	22



County Borough of Barrow-in-Furness

Annual Report

of the

Principal School Medical Officer

I. D. M. NELSON,
M.B., B.Ch., B.A.O., D.P.H.

1957.

CONTENTS

Section	Page
1. Preface.	49
2. Members of Education Committee.	52
3. School Provision.	52
4. School Clinics	53
5. Co-ordination.	54
6. Medical Inspection.	54
7. Arrangements for Treatment.	55
8. Work of the School Nurses.	58
9. Infectious Diseases.	60
10. Handicapped Pupils.	62
11. School Dental Service.	65
12. Miscellaneous.	66
13. Statistical Tables.	67

REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE

YEAR ENDED 31ST DECEMBER, 1957.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION
COMMITTEE OF THE COUNTY BOROUGH OF
BARROW-IN-FURNESS.

Ladies and Gentlemen,

This year is the fiftieth anniversary of the inauguration of the School Medical Service. In this preface I have outlined a few of the "teething" difficulties of my predecessor. Space forbids me from making more interesting extracts.

The general health of the school population remains satisfactory.

The schools were severely hit when we had an epidemic of influenza in the Autumn.

On the prevention side, the B.C.G. vaccination scheme for senior school children was carried on throughout the year. An immediate usefulness of this scheme was noted when a secondary school in the town showed a large percentage of positive reactors to the initial tuberculin testing. The teachers all immediately consented to have chest X-rays and all were clear.

Poliomyelitis vaccination was continued and extended in May to include more school children and by November with the hope of better supplies of vaccine, both from this country and from the North American continent, it was proposed to include all school children in the scheme. The outcome of this will be seen next year.

Shortly after taking up my appointment here in March, the Chief Education Officer arranged for me to address the Senior Head Teachers in a group, and later the Junior Head Teachers. I was honoured by practically 100% attendances and many topics were usefully discussed. Out of this meeting came a request from the teachers to give talks on First Aid and towards the end of the year I gave three talks to 150 teachers. As a result we were able to standardise and simplify First Aid facilities in all schools.

From 1st September the school nurses were amalgamated with the health visiting service. For a trial period of one year from May, the times of the minor ailments clinic were adjusted to late in the afternoon; this re arrangement was acceptable to teachers and by the end of the year there had been no complaints from parents. From May also, a great deal of clerical work carried out by the nurses and doctors at school medical inspections was transferred to clerical staff in the office in the hope that trained staff would have more time in school to advise teachers, mothers and children.

The supply of orange juice to local education authorities ceased on 1st November, following advice from an expert Committee.

During the year Dr. M. W. Smith was approved as a medical officer for the ascertainment of educationally sub-normal children. Besides myself there are two doctors in the service qualified in this work.

The completion of the complement of dentists last year has not been maintained for long. Miss Lynch left and was replaced by Mrs. Cader, who, unfortunately, retired because of ill-health and no replacement was forthcoming by the end of the year.

EXTRACTS FROM PREVIOUS MEDICAL OFFICER OF HEALTH'S REPORTS
Dr. John Settle writes in 1908 :

" SCHOOL HYGIENE

The recent Education Act has made it incumbent on all Education Authorities to carry out Medical Inspection of School Children. As regards our Borough, I have reported to the Education Authority on the whole subject, and what I conceived to be the best way of carrying it out. So far, the matter now rests with the Education Authority.

If the matter is worked in accordance with the tenor of the memorandum of the Central Authority, the Act cannot fail to develop an improvement in the stamina of the race. Experience and a proper spirit is all that is wanted. In most towns, a school nurse has been appointed, and the work cannot be completely beneficial without such an officer. For many years I have been asking for a female Health Officer in vain. Under another name, the Education Act emphasises the necessity for such an Officer."

In 1909 Dr. Settle writes in his 1908 Report :—

" SCHOOL INSPECTION

I have little to report on this subject as to work accomplished. Preparations have been made, a Medical School Inspector has been appointed, and arrangements made so that the work may proceed in earnest with the new year. I will venture to give my advice as to how the work should be taken in hand. Those engaged in the work ought to believe in it. It ought to be taken in hand seriously as a means to an end, and that end is the physical and mental improvement of the school children, and later, the men and women of our country.

- (1) In the first place see to the schools—Is the ventilation satisfactory? Don't crowd the schools; it is bad for the children. Eight feet per child of floor space has been found to be too little; ten feet is better. The children are not in contact, which is good, and the school is better ventilated.
- (2) Should there be children who come hungry to school, get to know the reason why, but do not add to the evil by trying to cram the three R's into a hungry child. Surely it would be better to feed the child first, and see who should pay for it afterwards.
- (3) The good to be expected from School Inspection will fail in its full effect if a School Nurse be not appointed. Education and the ultimate good of the child must begin at the homes of the children, their mothers, their guardians, and their surroundings. A School Nurse or Lady Health Visitor is the only person who can do this."

Again in the same Medical Officer of Health's Report for 1909, Dr. Settle observes :—

“SCHOOL INSPECTION

School inspection has been carried out industriously. Schools have been enlarged here and there to allow of the ten feet floor space per child, but generally speaking Medical Inspection has stopped at Medical Inspection. Last year I suggested that ‘the good to be expected from School Inspection will fail in its full effect if a School Nurse be not appointed. Education and the ultimate good of the child must begin at the homes of the children.’ Lady Visitors could do the work, and I have tried my best to interest them in the subject without effect. In the meantime the good that might be done is not done, and the cost of the inspection is largely wasted owing to the work not being carried through. As I have said before, an expenditure now in the direction indicated would produce an ample return, if not immediate, then after many days.”

I might comment that my predecessor seems to have found great difficulty in “selling” the idea of the School Health Service to the Authority and in getting his own staff to reorientate their ideas. A similar change of outlook is needed today in all those connected with the service. More routine examining of school children will have to be replaced by examining only those children whose mental or physical ill-health does not allow them to get all possible benefit from instruction in school and guidance at home.

Finally I should like to thank the Chairman and Members of the Children and Young Persons Welfare Sub-Committee for their support. To my own staff and the staff of the Education Department are due my appreciation for all their help and assistance throughout the year.

I have the honour to be,
Ladies and Gentlemen,
Your obedient servant,
I. D. M. NELSON,
Principal School Medical Officer.

Health Department,
Town Hall,
Barrow-in-Furness.

EDUCATION COMMITTEE

Chairman : ALDERMAN F. J. LONGSTAFFE, J.P.

Vice-Chairman : ALDERMAN T. A. TYSON

ALDERMAN G. D. HASTWELL, O.B.E., J.P.

ALDERMAN A. L. HEARSEY, J.P.

ALDERMAN J. MILLER

ALDERMAN MRS. E. SMYTH

ALDERMAN MRS. P. WINN

COUNCILLOR G. E. CONNELL

COUNCILLOR MRS. S. M. FINLAY

COUNCILLOR G. E. HARTSHORN

COUNCILLOR W. KENNEDY

COUNCILLOR A. POWER

COUNCILLOR I. W. SWALLOW

COUNCILLOR C. W. WARD

(STAFF : see under Report of the Medical Officer of Health).

SCHOOL PROVISION

Average number of children on the school registers : 11,510.

County Secondary Schools	9 (including 2 Grammar and 1 Technical)
Voluntary Secondary Schools	2
County Primary Schools	20
Voluntary Primary Schools	8
Other Schools	3 (Ramsden Special for E.S.N. children, Roa Island Special for delicate children, Bram Longstaffe Nursery).
Independent School (where the facilities afforded by the School Health Service are extended)	1 (Our Lady's R.C. Preparatory).

SCHOOL CLINICS.

MINOR AILMENTS AND SPECIAL INSPECTION CLINIC.	Arndene, Abbey Rd.	Treatment of defects and diseases of skin, ear, eye, nose and throat, etc. Exam- ination of all cases referred from routine medical inspections, by Head Teachers, Nurses, Education welfare officers, etc., or at parents re- quest.	3-30—5-15 p.m. Monday to Friday.
OPHTHALMIC CLINIC.	do.	Examination, refrac- tion and treatment of all cases referred from routine inspec- tion and minor ail- ment and special in- spection clinics, by Head Teachers, Nurses, etc., or at parents' request.	Tuesday and Wednesday, 2-0—5-0 p.m. alternate Thursdays, 9-0—12 noon.
SPEECH CLINIC	Municipal Clinic, Abbey Rd.	Investigation and treatment of all pu- pils with speech dis- orders referred from routine medical in- spections, minor ail- ments, special in- spection clinics, the Consultant Paedia- trician or general medical practition- ers.	9-0—12 noon. 1-30—5-0 p.m. Monday to Friday.
DENTAL CLINIC.	do.	Examination and treatment of all cases referred from routine medical and dental inspections, by Nurses, Head Teach- ers, etc., or at par- ents' request	9-0—12 noon. 2-0—5-0 p.m. Monday to Friday.
ORTHOPÆDIC CLINIC	do.	Examination of all cases with crippling defects and deformi- ties referred from routine medical in- spections or minor ailments and special inspection clinics or general medical prac- titioners.	Every six weeks under arrangements made with the Medical Superinten- dent, Ethel Hedley Hos- pital, Winder- mere.

ULTRA VIOLET RAY CLINIC.	Municipal Clinic, Abbey Rd.	Treatment of all cases of malnutri- tion, anæmia, etc., referred from routine medical in- spections or minor ailments and special inspection clinics.	2-0 p.m. Mon- day & Thurs- day.
MASSAGE AND REMEDIAL EXERCISES CLINIC.	do.	Treatment of all cases with postural defects, flat foot, etc., referred from orthopædic clinics, routine medical in- spections or minor ailments and special inspection clinics.	2-0 p.m. Tues- day and Fri- day.
	North Lonsdale Hospital		2-0 p.m. Wednesday.

CO-ORDINATION

The service is under the administrative control of the Principal School Medical Officer, who is also Medical Officer of Health, which greatly assists the co-ordination of the school health and general public health services. The school medical officers also have duties in both services.

From September, the health visiting and school nursing services were combined in an experiment to give each nurse an area of the Borough where she will be responsible for all the children from birth until they leave school. Two of the school nurses elected to remain solely on school nursing and two of the health visitors on health visiting only.

The records from the Maternity and Child Welfare Section are transferred to the School Health Service when the child commences school.

MEDICAL INSPECTION

As provided under the School Health Service and Handicapped Pupils Regulations, 1953, arrangements were made for four periodic medical inspections during a pupil's attendance, as follows:—

- (a) "Entrant"—on admission for the first time to a maintained school.
- (b) "Second Age Group"—at the age of 8 years.
- (c) "Third Age Group"—at the age of 11 years.
- (d) "Leavers"—in the last year of attendance at a maintained secondary school.

In addition, routine medical inspections were carried out each term at the Bram Longstaffe Nursery, Ramsden Special and Roa Island Special Schools.

Special examinations at the request of head teachers, school nurses, parents, etc., were undertaken at the School Clinic, where pupils noted at routine inspection for further observation also attended.

Endeavours were made to ensure that "Entrants" are seen by a school medical officer in their first term and commencing from September, 1957, routine medical inspections are now carried out at infants' schools each term. Another change has been to test the vision of all these five-year-olds.

OBSERVATIONS ON MEDICAL INSPECTIONS

No pathological condition or group of conditions was found to be unduly prevalent throughout the year.

ARRANGEMENTS FOR TREATMENT

MINOR AILMENTS CLINIC AND SPECIAL INSPECTION

A daily clinic for treatment of minor ailments has continued to be held at Arndene, but the times of the clinics were altered in the early part of the year, from morning to late afternoon. It is staffed by a school medical officer, two school nurses and one cleanser, together with a clerical assistant. The school medical officer (in addition to supervising the treatment of minor ailments) carries out special examinations of cases referred from routine medical inspections or at the request of head teachers or parents.

These cases are classified as follows and, except for Group 1, attend the clinic by appointment.

- Group 1. Minor ailments cases.
- Group 2. Cases referred by head teachers or at request of parents.
- Group 3. Those children who were absent at routine medical inspection.
- Group 4. Those children who have been referred from routine medical inspection for further observation.

Head teachers are informed by letter of the results of the special examinations.

During the year, 1,144 children made 2,059 attendances under the different groups as follows :—

		No. of children attending	No. of attendances
Group 1	....	256	975
Group 2	....	484	698
Group 3	....	133	133
Group 4	....	271	271

Other examinations, including the ascertainment of handicapped pupils, the initial and routine examination of foster children and the examination of pupils to determine their fitness for employment, were also conducted at the clinic and, in all, 195 children were seen during the year.

The various out-patient clinics of the North Lonsdale Hospital were also available to school children and, during the year, 2,036 children made 5,401 attendances.

EAR, NOSE AND THROAT DEFECTS

By arrangement with the Manchester Regional Hospital Board, Mr. John Magill, M.B., Ch.B., D.L.O., has continued to conduct separate Specialist Ear, Nose and Throat clinics for children at the North Lonsdale Hospital. Children are referred through their own family doctors.

The clinics are held weekly and during the year 263 children made 1,294 attendances.

There is no significant waiting time at the local hospital for operations for these defects.

OPHTHALMIC CLINIC

Arrangements for the examination of children with defective vision and minor eye conditions were the same in substance as in previous years.

The Ophthalmic Surgeon reports :—

"The routine work performed in the clinic comprised the examination, diagnosis and treatment of various ocular conditions in children referred by the school medical officers and, in a few instances, by their family doctors. Glasses were prescribed to correct refractive errors and simple eye exercises were carried out in some cases of strabismus before and after operation with good result.

Children who required medical treatment for minor affections of the eye received the appropriate therapy at the clinic. Where hospitalisation or surgery was indicated, the child was referred to the North Lonsdale Hospital and treated under my care.

The total number of children seen during the year was 1,010, the highest since 1952. It showed an increase of 14% on the figure for 1956. There were 976 children of school age and 34 of pre-school age and 1,291 attendances were made. The number of children who had their eyes tested was 960. 946 prescriptions were issued for glasses.

About 14% of all children examined at the clinic suffered from squints of various kinds, the commonest being the concomitant convergent type. The incidence of squint does not appear to have varied in the last few years.

The following types of eye conditions were treated with glasses :—

Hypermetropic astigmatism	38.8%	
Myopic astigmatism	19%	
Hypermetropia	18.2%	
Myopia	13.6%	
Mixed astigmatism	7.4%	„

REFRACTIVE ERRORS AND OTHER DEFECTS ACQUIRED AND CONGENITAL

Hypermetropia	149
Hypermetropia with left amblyopia	3
Hypermetropia with ptosis	1
Hypermetropic astigmatism	309
Hypermetropic astigmatism with right amblyopia	5
Hypermetropic astigmatism with left amblyopia	8
Hypermetropic astigmatism with bilateral nystagmus	1
Mixed astigmatism	60
Mixed astigmatism with epicanthus	1
Myopic astigmatism	160
Myopia	114
Myopia with right corneal scar	1
Right myopic astigmatism with left hypermetropic astigmatism	1
Right myopic astigmatism with left mixed astigmatism	7
Anisometropia	1
Anisometropia with right amblyopia	23
Emmetropia	1
Right anophthalmus	2
Bilateral congenital cataract	1
Left traumatic cataract with retino-choroidal atrophy	1
Bilateral central choroiditis	1
Right corneal scar with disseminated choroiditis	1
Right corneal scar with coloboma of iris	1
Bilateral nystagmus	1
Left retinal detachment	1
Unilateral internal ophthalmoplegia	1
Left seclusio pupillæ	1
Right epicanthus	1

SQUINTS—

Right convergent concomitant squint	26
Right convergent concomitant squint with amblyopia	9
Right convergent concomitant squint with hypermetropic astigmatism	2
Left convergent concomitant squint	36
Left convergent concomitant squint with amblyopia	14

Left convergent concomitant squint with hypermetropic astigmatism	1
Alternating convergent squint	25
Alternating divergent squint	2
Left ptosis with paresis of superior rectus	1
Overaction of left inferior oblique	1

TREATMENTS

Blepharitis	28
Conjunctivitis	2
Occlusions	18
Orthopsis	6

ORTHOPÆDIC CLINIC

The Medical Superintendent of the Ethel Hedley Hospital, Windermere, attends the clinic at six-weekly intervals and sees children with orthopædic defects ascertained at routine medical inspection or referred through the family doctor.

Treatment between clinics is carried out by Miss Johnson, the Authority's Physiotherapist. Hospital treatment is provided at the North Lonsdale Hospital in the case of short-stay cases, whilst conditions requiring longer terms of hospitalisation are admitted to the Ethel Hedley Hospital.

The Orthopædic Clinic was held on 8 occasions and 169 school children made 312 attendances. The average attendance of school children and pre-school children at the clinic was 57 and a wide variety of cases were seen, as shown in the table below :—

20 Poliomyelitis
40 Pes planus
21 Congenital deformity of toes
35 Genu valgum
6 Birth palsy
6 Congenital dislocation of hip
7 Pseudocoxalgia
4 Scoliosis
6 Torticollis
8 Talipes equino varus
7 Cerebral palsy
12 Others

Out of the above cases, 85% were put on physiotherapy treatment according to their specific requirements. There were 156 children referred by the Orthopædic Specialist for treatment during the year, 89 being new cases.

Total treatments during the year : 1,327.

In addition to physiotherapy treatment, 91 surgical appliances were fitted.

REMEDIAL EXERCISES, MASSAGE AND ULTRA VIOLET THERAPY

A complete service for this has been maintained throughout the year by the Physiotherapist.

The following shows the treatment given :—

	No. of Children	No. of Attendances
Ultra violet therapy	70	680
Massage	3	163
Remedial exercises	216	2253
Other treatment (plasters, etc.)	191	959

SPEECH THERAPY

Miss M. Hall, the Speech Therapist, reports as follows :—

“ The Speech Therapy Service has now been in operation for just over four years ; the clinic opening in September, 1953, for the purposes of treatment. At the same time a survey, of speech in the schools, was carried out.

From this initial survey about 600 cases were selected for interview for reasons of defective speech. Some of the most severe cases were selected for treatment but the residual cases far outnumbered those receiving treatment. Of these remaining cases, many were placed on a waiting list but others were marked down for interview at six monthly intervals, the parents being advised of exercises that would help the child's speech.

Since its inception the clinic has continued to run on more or less the same principles. It is no longer necessary to visit schools of all categories but each year the infant schools are visited if there are a number of children who appear to need speech therapy. These children are seen at school and at a later date the parent and child are interviewed at the speech clinic, the child being either placed on a waiting list for treatment or selected for a series of six-monthly interviews.

In addition to this, children are referred for speech therapy by the medical officers, general practitioners, specialists and head teachers. In the case of a pre-school child the health visitor or a parent may request treatment. In this way it is hoped that all children who need speech therapy are seen by the therapist.

On the whole parents are co-operative, as the speech clinic is, after four years, a fully integrated part of the Public Health Service.”

Statistics relating to the work of the clinic are given below :—

Number attending for interview	....	....	....	....	....	606
Total number of individual children attending	....	....	....	....	....	128
Number of cases no longer requiring treatment	....	....	....	....	....	9
Number of cases left school or district	....	....	....	....	....	8
Total attendances	....	....	....	....	....	2071

HOSPITAL TREATMENT

No change has taken place in the procedure for referring school children for specialist opinion, investigation or treatment through the child's own family doctor. Advice of hospital admissions and discharges together with copies of all reports by hospital specialists to family doctors are forwarded for the information of the school medical officers.

WORK OF THE SCHOOL NURSES

The following is a summary of the work done during the year additional to cleansing, preparation of children for routine medical inspections and assisting the school medical officers at these inspections :—

Number of visits to schools (all purposes)	....	....	....	....	944
Number of examinations and re-examinations (cleanliness, etc.)	....	....	....	....	32107
Number of home visits (all purposes)	....	....	....	....	517
Number of attendances at Minor Ailments and Inspection Clinics, etc.	....	....	....	....	478

TABLE SHOWING THE RESULT OF CLEANLINESS (HEAD)
INSPECTIONS IN SCHOOLS

SCHOOL	No. of Exam- inations	No. of re- exam- inations cleanlin- ess	No. of re- exam- inations other	No. un- clean	Percentage unclean	
					1957	1956
Girls' Grammar	460	10	—	9	1.9	0.2
County Technical.....	277	—	—	—	—	—
Alfred Barrow Boys'	1202	18	1	10	0.8	0.5
Alfred Barrow Girls'	998	6	—	36	3.6	4.1
Holker County Secondary	1141	13	2	18	1.5	3.2
Risedale County Secondary	1351	—	—	35	2.6	7.9
Victoria County Secondary	855	18	3	51	6.0	9.3
Walney County Secondary.....	1056	1	4	14	1.4	0.5
Our Lady's R.C. Secondary	286	—	—	3	1.0	3.3
St. Aloysius' R.C. Secondary	1300	87	18	66	5.1	5.4
Abbotsmead County Junior	1372	—	—	77	5.6	8.8
Abbotsmead County Infants	688	144	—	62	9.0	10.1
Barrow Island County Junior	460	186	11	23	5.0	5.8
Barrow Island County Infants'	408	74	2	21	5.1	6.1
Greengate County Boys'	995	—	—	15	1.5	0.6
Greengate County Girls'	1008	104	—	132	13.1	7.5
Greengate County Infants'	739	—	—	31	4.2	5.6
North Walney County Primary	211	1	—	2	0.9	3.4
Ormsgill County Junior	1119	55	26	83	7.4	6.6
Ormsgill County Infants'	698	—	11	39	5.6	8.1
Ramsden County Infants	776	12	—	24	3.1	4.3
Roose County Primary	523	—	—	—	—	0.2
South Newbarns County Junior	1162	12	5	13	1.1	2.1
South Newbarns County Infants'	899	10	—	30	3.3	4.3
South Walney County Junior	892	—	1	2	0.2	0.5
South Walney County Infants	517	—	4	—	—	0.7
St. James' County Infants'	524	2	2	17	3.2	2.2
Vickerstown County Primary	1007	21	42	35	3.4	1.2
Victoria County Junior	1026	112	19	20	1.9	1.0
Victoria County Infants'	893	30	13	25	2.8	1.2
Sacred Heart R.C. Primary	623	103	20	47	7.5	7.8
St. Columba's R.C. Primary	403	19	—	19	4.7	2.9
St. George's C. of E. Primary	440	119	—	137	31.1	28.3
St. James' C. of E. Junior	850	10	2	19	2.2	4.0
St. Mary's R.C. Junior	631	—	—	24	3.8	3.9
St. Mary's R.C. Infants'	349	—	—	6	1.7	6.2
St. Patrick's R.C. Primary.....	215	5	2	5	2.3	9.1
St. Paul's C. of E. Junior	260	—	—	—	—	—
Bram Longstaffe Nursery	367	103	14	18	4.9	6.1
Ramsden Special (E.S.N.)	221	17	—	45	20.4	14.8
Roa Island Special	835	98	39	94	11.2	6.5
Our Lady's R.C. Preparatory	595	4	—	12	2.0	0.9
	30632	1394	241	1319	4.3	4.7

INFECTIOUS DISEASES

Cases of infectious disease are notified to the Medical Officer of Health and those relating to school children are passed to the school nurses. Children are normally excluded from school for the period recommended by the Ministry of Education but this may be varied in particular instances.

The following tables give particulars of cases of notifiable disease occurring in school children during 1957 :—

Measles	....	....	....	....	20
Pneumonia	....	....	....	....	2
Poliomyelitis (non-paralytic)	....	....	....	....	1
Pulmonary tuberculosis	....	....	....	....	3
Scarlet Fever	....	....	....	....	7
Whooping Cough	....	....	....	....	54

IMMUNISATION

Special sessions for immunisation were discontinued and courses of immunisation against diphtheria, whooping cough or combined diphtheria-pertussis were available without appointment during the ordinary sessions at the Welfare Centre.

During the year 6 courses of immunisation and 37 re-inforcing doses were administered at the clinic. In addition, 5 courses of immunisation and 3 re-inforcing doses were administered by general practitioners.

Of the population aged between 5 and 14 years, 17.43% are estimated to have maximum immunity against diphtheria as a result of inoculation given subsequent to 1952. A further 53.94% have been immunised at some earlier date but in these cases immunity has not been re-inforced by the administration of a booster dose in the last five years.

POLIOMYELITIS VACCINATION

During 1957, 493 school children had received two injections and 45 had received one. Vaccination continued throughout the year.

TUBERCULOSIS

On receiving notification of a case of tuberculosis in a schoolchild attending a secondary school, immediate steps were taken to give a Heaf skin test to each child, if the parent agreed, in the same form at the secondary school and to those who had been in the same form at the junior school the child attended in the previous year.

Letters were sent to the parents of 60 children and all agreed to the skin test. The tuberculosis health visitor gave the test and read the results at school. Eleven children gave a positive reaction but all on X-ray at the Chest Clinic were normal. The teacher in charge of the junior school form was also X-rayed with a negative result.

IMMUNISATION AGAINST TUBERCULOSIS

Arrangements were continued to offer B.C.G. vaccination against tuberculosis to children aged 13 years and under 14 years at the end of the current school year, whose parents or guardians gave written consent to this procedure and to the pre-vaccination and post-vaccination tests. Immunisation was carried out in schools to ensure minimum loss of school time and to obviate the need for children to travel to the clinic.

The following table is a survey of the work done. During the pre-vaccination test at one of the schools, an unusually high proportion of Mantoux positives were noted. In addition to the normal procedure of arranging through the family doctors for the children concerned to attend the Chest Clinic, it was considered advisable to ask the teachers at the school also to be X-rayed. All 28 agreed and all X-ray results were satisfactory.

B.C.G. VACCINATION DURING 1957

61

Name of school	No. of children to whom facilities were offered	No. of children whose parents consented to the arrangements	No. whose susceptibility to tuberculosis was tested (tuberculin tests)	Results read three days after testing		No. vaccinated (i.e. those whose reaction to the tuberculin test was negative)	No. who were re-tested following an interval of between 6—8 weeks after vaccination	Results read three days after second test	
				Positive	Negative			Positive	Negative
Alfred Barrow County Sec.	215	173	128	27	95	95	92	92	—
Grammar Schools	174	159	121	17	99	99	97	97	—
Holker County Secondary	101	84	76	10	64	64	58	57	1
Our Lady's R.C. Sec.	30	25	25	5	20	20	18*	18*	—*
Ramsden Special	8	6	6	1	5	5	5*	5*	—*
Roa Island Special	11	10	10	2	8	8	8	8	—
St. Aloysius R.C. Sec.	122	105	89	21	64	64	53*	51*	—*
Technical	58	54	49	6	41	41	41	41	—
Victoria C. Secondary	95	76	73	11	61	60	55*	54*	1*
Walney C. Secondary	110	71	70	24	46	46	45	45	—
"Absentees" Session	—	—	32	17	15	14	13	13	—
	924	763	679	141	518	516	485	481	2

The results of the pre-vaccination tuberculin tests show that 20.76% (approximately 1 in 5) of the children had previously acquired a degree of natural immunity to tuberculosis.

*—These figures relate to readings taken in the early part of 1958.

HANDICAPPED PUPILS

The following table gives details of pupils ascertained and placed and shows the number of cases at the end of the year awaiting placement.

	(1) Blind (2) Part- ially sighted		(3) Deaf (4) Part- ially Deaf		(5) Deli- cate (6) Physi- cally handi- capped		(7) Ed- ucation- ally Sub- normal (8) Mal- adjusted		(9) Epi- leptic	TOTAL 1-9
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year :—										
A. Handicapped pupils newly placed in spec- ial schools or homes	—	—	1	1	24	—	13	1	—	40
B. Handicapped pupils newly ascertained as requiring education at special schools or in boarding homes.	—	—	—	—	23	1	16*	1	—	41

*—8 included at A.

Number of children reported during the year :—

(a)	under Section 57(3) (excluding any returned under (b) )	....	....	3
(b)	under Section 57(3) (relying on Section 57(4) )	....	....	—
(c)	under Section 57(5)	....	....	14

of the Education Act, 1944.

[illegible]

EPILEPSY

Thirty-one children suffering from epilepsy are attending ordinary schools, the control of epilepsy having reached the stage where none of these children is ascertained as handicapped and thus in need of special educational treatment.

CHILD GUIDANCE CENTRE

The tables below give an outline of the work of Mr. Valentine, the Educational Psychologist, and Mr. Milne, the Psychiatric Social Worker, at the Child Guidance Centre.

CHILDREN REFERRED

	New cases	Re-tested	Tested in schools	Totals
Boys	67	23	115	205
Girls	38	15	55	108
Total	105	38	170	313
Age groups		0—5	6—11	12—16
		7	86	12

RANGE OF INTELLIGENCE

I.Q. : Below 70	9
71—90	40
91—110	27
111—150+	27
Not tested	2

SOURCES OF REFERRAL

Schools	73
School medical officer	21
Parent	1
Psychiatrist	1
Pædiatrician	1
Family doctor	1
P.S.M.O. Lancashire	1
Others	6

SCHOOL DISTRIBUTION

Bram Longstaffe Nursery....	2
Infant	12
Junior	75
Secondary Modern	7
Technical School	1
Roa Island Special	2
Pre-school	1
Not at school	5

REASONS FOR REFERRAL

	Boys	Girls	Total
(a) (1) Suspected educational subnormality	21	12	33
(2) Suspected educational retardation	26	10	36
(b) Disorders of bodily function, e.g. enuresis, speech defects....	4	6	10
(c) Behaviour disorders			
(1) Aggressive and anti-social behaviour	5	5	10
(2) Timid and inhibited behaviour	6	5	11
(d) Miscellaneous, e.g., revision of I.Q.	4	4	8

METHODS OF TREATMENT

(i) DIAGNOSTIC		Boys	Girls	Total
(a)	Recommended for transfer to day special school	6	7	13
(b)	Recommended for transfer to residential special school	—	1	1
(c)	Recommended for special treatment (e.g. speech therapist, psychiatrist)	1	1	2
(d)	Recommended for transfer to remedial groups	28	9	37
(ii) TREATMENT AT CENTRE				
	Play therapy	3	2	5
(iii) ADVICE GIVEN ONLY				
	(for various reasons, e.g., treatment unnecessary, parents unwilling for child to be treated, child left Barrow)	29	18	47

PRINCIPAL SCHOOL DENTAL OFFICER'S REPORT

Mr. Watts reports as follows:—

" This year 40 of the 43 schools were inspected which brings the percentage of the schools inspected to 93% of the total number. Routine treatment was completed for 29 schools, which is 72% of the total number of schools inspected. This is highly gratifying as there are very few Authorities where so frequent inspections and routine treatments are held. The total number of children inspected at schools was 10,071. The demand for "emergency appointments" declined further this year to 2,420, which is the obvious result of frequent inspections and routine treatment.

My staff collected statistics in November regarding the brushing of teeth from the children attending this clinic just as was undertaken in December, 1954, and it is very pleasing to note that the continued dental health propaganda during the last three years has brightened the picture considerably.

	1954	1957
Never brushed	25%	8%
Brushed very seldom	40%	26%
Brushed once a day	20%	39%
Brushed twice a day	15%	20%
Brushed three times a day	Nil	7%

This improvement in the brushing of teeth is very satisfying. It is largely due to the "talks" the staff have given to the children themselves in the junior and secondary schools and to the Parent-Teachers' Association meetings in infant schools, soon after the inspections. It is, therefore, hoped that the incidence of caries in teeth should dwindle further in the near future. I hardly need to stress again that the parents should supervise that their children brush their teeth regularly twice a day—first thing in the morning when they get up and last thing at night before going to bed; last thing at night is more important as maximum damage is done to the teeth at night when the mouth is closed for from eight to ten hours at a stretch.

There are still conflicting reports in this country on the effect of painting fluoride solutions on the teeth of school children. According to a Ministerial statement in Parliament on November 25th, 1957, fluoridation of water supplies in America has reduced the incidence of dental caries by up to 60%. This is, therefore, the most promising line of action as the matters stand at present. I am keeping in close touch with research workers in the field and I had an

opportunity to discuss this subject at length during the annual conference of the British Dental Association this year at Newcastle-on-Tyne. The only steps so far proved to diminish caries incidence are frequent prophylaxis and cleaning, reducing the intake of soft sticky sweets between meals, encouraging the intake of rough and coarse food, e.g., brown bread, green vegetables with fibrous matter and plenty of roughage and extensive intake of juicy fruits towards the finishing of a meal, e.g., oranges, apples, grapes, etc. It is not the amount of sweets consumed that matters. Any amount of sweet sugary stuff can be consumed by one individual in a day provided it is all taken during the course of a principal meal. It is the frequent sucking of sweets between meals that maintains a continuous state of acidity in the mouth, harms the teeth and encourages decay.

The acceptance rate has been very good indeed. Those parents who prefer to go to a private dental surgeon should make it a point to visit him promptly after receiving our inspection report which clearly states that their child needs dental treatment. Parents who disregard this report cause an immense damage to the teeth of the child, which we notice in our next year's inspection. In such cases nearly double the number of teeth may need attention with one year's gap in treatment, which is really very sad.

This year 229 children received orthodontic treatment and 87 children received artificial dentures. It is pleasing to note that parents are very keen now on orthodontic treatment and co-operate very well. This naturally enhances our percentage of success in this difficult branch of dentistry.

The staff of the X-ray department of the North Lonsdale Hospital have always given us very prompt attention in cases of emergency; during the year 155 cases were sent for X-ray. The Consultant Oral Surgeon at the North Lonsdale Hospital and head teachers have also given their ready help. The Regional Hospital Board, Manchester, has now provided the help of a Consultant Orthodontist to whom we can refer complicated cases which need specialised attention.

With regard to staffing, the third surgery functioned for only ten months with breaks. One Dental Surgeon resigned and left on 2nd August, as she was keen to work on a part-time basis in London. The other commenced duty on 2nd September, fell ill on 22nd November, and resigned due to ill-health on 30th December."

MISCELLANEOUS

I am indebted to the Chief Education Officer for the following commentary.

PHYSICAL TRAINING, SWIMMING AND ORGANISED GAMES

The school curriculum includes periods of physical training and organised games and, in all the secondary schools and some of the primary schools, attendance at the swimming baths.

During the year, physical education equipment of various types, both for indoor and outdoor use, was approved for eight primary schools and one secondary school.

In the three school terms of 1957, swimming certificates were obtained by pupils of primary and secondary schools as follows:—

beginners	proficiency	distance	speed
647	31	765	19

PROVISION OF MILK AND MEALS.

(a)	Average number of children receiving milk daily	....	....	....	9,507
(b)	Number of $\frac{1}{2}$ pint bottles of milk delivered and consumed	....	....	....	1,842,705
(c)	Average number of children receiving meals per school day	....	....	....	2,495
(d)	Total number of meals supplied during the year	....	....	....	498,207
(e)	Number of centres supplying meals	....	....	....	30

STATISTICAL TABLES.

The following statistical returns for the year ended 31st December, 1957, required by the Ministry of Education, indicate the scope of the work of the School Health Service.

TABLE I—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

A PERIODIC MEDICAL INSPECTIONS					
Number of Inspections in the prescribed groups :					
Entrants.....	.....	.....	.....	.....	1104
Second Age Group	.....	.....	.....	.....	1204
Third Age Group	.....	.....	.....	.....	750
Total					3058
Additional periodic inspections					1758
Grand Total					4816
B. OTHER INSPECTIONS.					
Number of special inspections					501
Number of re-inspections					485
Total					986
C. PUPILS FOUND TO REQUIRE TREATMENT.					
Number of individual pupils found at periodic medical inspection to require treatment (excluding dental diseases and infestation with vermin) :					
GROUP.	For defective vision (excluding squint).	For any of the other conditions recorded in Table III.	Total individual pupils		
(1)	(2)	(3)	(4)		
Entrants	73	171	238		
Second Age Group	142	145	257		
Third Age Group	116	95	191		
Total	331	411	686		
Additional Periodic Inspections	121	240	365		
Grand Total	452	651	1051		
D. CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS IN THE AGE GROUPS INSPECTED.					
Age Groups Inspected	Number of Pupils Inspected	Satisfactory	Unsatisfactory		
(1)	(2)	No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)
Entrants	1104	1031	93.39	73	6.61
Second Age Group	1204	1159	96.26	45	3.74
Third Age Group	750	727	96.94	23	3.06
Additional Periodic Inspections	1758	1567	89.14	191	10.86
Total	4816	4484	93.11	332	6.89

TABLE II.
INFESTATION WITH VERMIN.

(i) Total number of examinations in the schools by the school nurses or other authorised persons	32107
(Primary 30674 Re-examined 1433)	
(ii) Total number of individual pupils found to be infested....	1337
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	40
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	7

TABLE III.
RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE
YEAR ENDED 31ST DECEMBER, 1957.

A—PERIODIC INSPECTIONS.

Defect Code No.	Defect or disease	Entrants		Leavers		Total including all other age groups inspected	
		Requir- ing treatment	Requir- ing observ- ation	Requir- ing treatment	Requir- ing observ- ation	Requir- ing treatment	Requir- ing observ- ation
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
4	Skin	10	4	16	2	78	41
5	Eyes (a) Vision	73	104	116	34	452	312
	(b) Squint	21	10	7	3	83	50
	(c) Other	4	3	5	....	31	17
6	Ears (a) Hearing	4	7	5	2	16	24
	(b) Otitis Media	9	10	10	2	25	41
	(c) Other .....	....	1	2	....	3	3
7	Nose and Throat	16	94	6	7	64	259
8	Speech.....	6	8	....	....	29	37
9	Lymphatic Glands	2	29	....	....	14	95
10	Heart	33	6	4	9	80	60
11	Lungs	6	22	2	5	15	97
12	Developmental—						
	(a) Hernia.....	....	....	....	....	1	1
	(b) Other	2	11	4	4	14	62
13	Orthopaedic—						
	(a) Posture	3	2	3	2	24	12
	(b) Feet	49	5	12	2	121	31
	(c) Other	24	14	3	10	74	96
14	Nervous System—						
	(a) Epilepsy .....	....	2	2	....	5	10
	(b) Other	11	8	3	1	25	40
15	Psychological—						
	(a) Development	3	3	....	2	13	19
	(b) Stability	6	3	1	....	10	8
16	Abdomen	2	2	4	1	6	5
17	Other	1	....	1	1	12	8

B. SPECIAL INSPECTIONS.

Defect Code No. (1)	Defect or disease (2)	Special Inspections	
		Requiring treatment (3)	Requiring observation (4)
4	Skin	2	2
5	Eyes (a) Vision	332	2
	(b) Squint	20	....
	(c) Other	7	1
6	Ears (a) Hearing	13	2
	(b) Otitis Media	4	1
	(c) Other	5	1
7	Nose and Throat	17	5
8	Speech....	8	3
9	Lymphatic Glands ....	....	....
10	Heart	6	3
11	Lungs	24	3
12	Developmental—		
	(a) Hernia ....	....	....
	(b) Other	1	2
13	Orthopaedic—		
	(a) Posture	1	1
	(b) Feet	8	....
	(c) Other	15	....
14	Nervous System—		
	(a) Epilepsy	1	1
	(b) Other	6	1
15	Psychological—		
	(a) Development	4	2
	(b) Stability	8	....
16	Abdomen	3	1
17	Other	42	....

TABLE IV.

TREATMENT TABLES.

GROUP I—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with.	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	28	20
Errors of refraction (including squint)	1050	35
Total	1078	55
Number of pupils for whom spectacles were prescribed	759	Information not available

GROUP 2—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been treated.	
	By the Authority	Otherwise
Received operative treatment—		
(a) for diseases of the ear .....	.....	11
(b) for adenoids and chronic tonsillitis .....	.....	183
(c) for other nose and throat conditions .....	.....	10
Received other forms of treatment.....	12	22
Total	12	226

Total number of pupils in schools who are known to have been provided with hearing aids—

(a) in 1957 .....	.....	2
(b) in previous years .....	.....	2

GROUP 3—ORTHOPAEDIC AND POSTURAL DEFECTS.

	By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patient departments	221	69

GROUP 4—DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS),
Number of Cases treated or under treatment during the year by the Authority.

Ringworm (i) Scalp .....	.....
(ii) Body .....	.....
Scabies	5
Impetigo	15
Other Skin Diseases	120
Total	140

GROUP 5—CHILD GUIDANCE TREATMENT.

Number of pupils treated at Child Guidance Clinic	313
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GROUP 6—SPEECH THERAPY.

Number of pupils treated by Speech Therapist	128
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GROUP 7—OTHER TREATMENT GIVEN.

(a) Number of cases of miscellaneous minor ailments treated by the Authority	82
(b) Pupils who received convalescent treatment under School Health Service arrangements	516
(c) Pupils who received B.C.G. Vaccination .....	.....
(d) Others (specify)—	70
U.V.R.	171
Verrucae .....	.....
Total (a)—(d)	839

TABLE V.

(1)	Number of pupils inspected by the Authority's Dental Officers										
	(a)	Periodic age groups									10071
	(b)	Specials									2420
	(c)	Total (1)									12491
(2)	Number found to require treatment									9660	
(3)	Number offered treatment									6456	
(4)	Number actually treated									5123	
(5)	Attendances made by pupils for treatment									15393	
(6)	Half days devoted to : Inspection									69	
	Treatment									1191	
	Total (6)									1260	
(7)	Fillings				Permanent teeth					5158	
					Temporary teeth					526	
	Total (7)									5684	
(8)	Number of teeth filled			Permanent teeth					4651		
				Temporary teeth					496		
	Total (8)									5147	
(9)	Extractions			Permanent teeth					1608		
				Temporary teeth					4601		
	Total (9)									6209	
(10)	Administration of general anaesthetics for extraction									1529	
(11)	Orthodontics :										
	(a)	Cases commenced during the year									125
	(b)	Cases carried forward from previous year									104
	(c)	Cases completed during the year									47
	(d)	Cases discontinued during the year									47
	(e)	Pupils treated with appliances									229
	(f)	Removable appliances fitted									223
	(g)	Fixed appliances fitted									
	(h)	Total attendances									2455
(12)	Number of pupils supplied with artificial dentures									87	
(13)	Other operations :			Permanent teeth					4624		
				Temporary teeth					1487		
	Total (13)									6111	

